


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>PHASE I OF SOUTH FLORIDA, INC.</i> Corporation Name <i>C/O VERA RAMOS, PRESIDENT</i> <i>P96000022296</i>			
Principal Place of Business <i>4369 W. 11 LANE</i> <i>HIWLEAH, FL. 33012</i>		Mailing Address <i>SAME</i>	
2. Principal Place of Business 21 <i>4369 W. 11 LANE</i> Suite, Apt. #, etc. 22 <i>HIWLEAH, FL.</i> City & State 23 Zip <i>33012</i> Country <i>U.S.A.</i>		2a. Mailing Address 26 <i>SAME</i> Suite, Apt. #, etc. 27 <i>SAME</i> City & State 28 <i>SAME</i> Zip Country	
3. Date Incorporated or Qualified <i>3/12/96</i>		3a. Date of Last Report	
4. FEI Number <i>650711186</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <i>\$8.75 Additional Fee Required</i>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <i>\$5.00 May Be Added to Fees</i>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <i>VERA RAMOS</i> <i>4369 W. 11 LANE</i> <i>HIWLEAH, FL. 33012</i>		10. Name and Address of New Registered Agent 81 Name <i>VERA RAMOS</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>4369 W. 11 LANE</i> 83 <i>HIWLEAH, FL.</i> 84 City <i>FL</i> 85 Zip Code <i>33012</i>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE <i>Vera Ramos</i> Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE			
12. OFFICERS AND DIRECTORS TITLE <i>PRESIDENT</i> <input type="checkbox"/> DELETE NAME <i>VERA RAMOS</i> STREET ADDRESS <i>4369 W 11 LANE</i> CITY-ST-ZIP <i>HIWLEAH, FL 33012</i> TITLE <i>SECRETARY</i> <input type="checkbox"/> DELETE NAME <i>VERA RAMOS</i> STREET ADDRESS <i>4369 W. 11 LANE</i> CITY-ST-ZIP <i>HIWLEAH, FL 33012</i> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: <i>VERA RAMOS</i> <i>Vera Ramos</i> <i>4/23/97</i> (305) <i>577764</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			

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