


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000027483 (2) 1. Corporation Name MARCEL BERMUDEZ ENTERPRISES, INC.		
Principal Place of Business 2305 N.W. 89TH DRIVE APT. 709 CORAL SPRINGS FL 33065		Mailing Address 2305 N.W. 89TH DRIVE APT. 709 CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3281 NW 70th AVE Suite, Apt. #, etc. 22		2a. Mailing Address 26 3281 NW 70th AVE Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 03/28/1996		3a. Date of Last Report	
23 MARGATE FL City & State 24 33063 Zip 25 USA Country		28 MARGATE FL City & State 29 33063 Zip 30 USA Country		4. FEI Number 65-0616339		Applied For Not Applicable	
9. Name and Address of Current Registered Agent BERMUDEZ, MARCEL 2305 N.W. 89TH DRIVE APT. 709 CORAL SPRINGS FL 33065				10. Name and Address of New Registered Agent 81 Name MARCEL BERMUDEZ 82 Street Address (P.O. Box Number is Not Acceptable) 3281 NW 70th AVE 83 84 City MARGATE FL 85 Zip Code 33063			

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, or 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	3281 NW 70th AVE APT. 709	1.3 STREET ADDRESS	3281 NW 70th AVE
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS	3281 NW 70th AVE APT. 709	2.3 STREET ADDRESS	3281 NW 70th AVE
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	MARGATE FL 33063
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE REQUIRED

9/11/97

(954) 779-8782

CR2E034 (4/97)