

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000028866 (7)
1. Corporation Name
FRUITFULNESS, INC.



Principal Place of Business 4550 OAK HAVEN DRIVE, SUITE 202 ORLANDO FL 32839	Mailing Address 4550 OAK HAVEN DRIVE, SUITE 202 ORLANDO FL 32839-5605
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3. Date Incorporated or Qualified 03/27/1996	3a. Date of Last Report
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21. Principal Place of Business 5850 LAKEHURST DR	2a. Mailing Address
22. Suite, Apt. #, etc. SUITE 200-1	26. Suite, Apt. #, etc.
23. City & State ORLANDO, FL	27. City & State
24. Zip 32819	28. Zip
25. Country US	29. Country
30. Country	

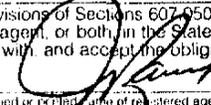
4. FEI Number 59-3366533	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RAMOS, JOSE L
1607 LAKE STREET
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81. Name RAMOS, JOSE L.
82. Street Address (P.O. Box Number is Not Acceptable) 5381-B HOFFMETER AVENUE
83.
84. City ORLANDO
85. State FL
86. Zip Code 32812

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:  **Jose L. Ramos** DATE: **1/23/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DE OLIVEIRA, CESAR A	
STREET ADDRESS	4550 OAK HAVEN DRIVE, SUITE 202	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BEZERRA, JOSEMYLDSON	
STREET ADDRESS	4550 OAK HAVEN DRIVE, SUITE 202	
CITY - ST - ZIP	ORLANDO FL 32839	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRANDAO, MONICA X	
STREET ADDRESS	4550 OAK HAVEN DRIVE, SUITE 202	
CITY - ST - ZIP	ORLANDO FL 32839	
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:  **JOSEMYLDSON BEZERRA** DATE: **04-25-97** DAYTIME PHONE: **(407) 761-1887**

CR2E034 (9/96)