


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

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May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000029653

1. Corporation Name
PUT IT IN WRITING, INC.

Principal Place of Business 15401 S.W. 79 AVENUE MIAMI FL 33157	Mailing Address 15401 S.W. 79 AVENUE MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7875 S.W. 124 street		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/29/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0659976	
City & State 23 Miami, Florida		City & State 28		5. Certificate of Status Desired \$8.75 Additional Fee Required	
Zip 24 33156		Country 25 Code		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 29		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DIAZ, ROLANDO A
25 W. FLAGLER ST., PH
MIAMI FL 33130**

10. Name and Address of New Registered Agent

81 Name April d'Adesky
82 Street Address (P.O. Box Number is Not Acceptable) 7875 S.W. 124 street
83
84 City Miami
85 Zip Code FL 33156

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

02-26-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DIAZ, NINA Z		1.2 NAME April A. d'Adesky	
STREET ADDRESS 15401 S.W. 79 AVENUE		1.3 STREET ADDRESS 7875 SW 124 street	
CITY-ST-ZIP MIAMI FL 33157		1.4 CITY-ST-ZIP Miami, FL 33156	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Monika d'Adesky-Garcia	
STREET ADDRESS		2.3 STREET ADDRESS 12945 Nevada Street	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Miami, FL 33156	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

April d'Adesky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-99 305-254-5432
Date Daytime Phone #

CR2E034 (11/98)

0231671