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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000031441 (4)

3. Date incorporated or Qualified Q4/10/1998 2. Principal Place of Business 2a. Mailing Address 4. FEI Number
2. Principal Piace of Business 2e. Mailing Address 2e. Mort Applicable Suric. Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.75 Additional Fee Required \$8.70 Address \$8.75 Additional Fee Required \$8.75 Additional Fee Required Agent \$9.032 Address of New Registered Agent \$9.032 Address of N
Suric. Apt. #, ctc. Suite. Apt. #, etc.
City & State
City & State City & State 28 Country Zip Country Zip Country Zip Country Added to Fees Trust Fund Contribution B. This corporation has Habiting for intangible tax under s. 199.032, Florida Statutes Provide Statutes Name and Address of New Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 B3 B4 City FL B5 Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE PSTD DELETE 11. This PSTD DELETE 12. This DELETE 13. SIRRET ADDRESS CITY-ST-ZEP MIAMI FL 33055 DELETE 21. THIS Trust Fund Contribution Address (P.O. Box Number is Not Acceptable) FL B5. Zip Code FL B8. Zip Code
Zip Country Zip Country Zip Country Strict Fund Contribution Added to Fees
Country Zip Country Zip Country Strict Stri
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 84 City FL 85 Zip Code 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 and tamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE PSTD OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THE PSTD ABIA-OKON, SAMUEL LEE 1.3 SIREET ADDRESS GITY-SI, ZP MIAMI FL 33055 JELETE DELETE DELETE DELETE DELETE DELETE Change Addition Change Addition
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STREET ADDRESS 63 STREET ADDRESS
City-St-7/if 64 City-St-7/if 64 City-St-7/if 7 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

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 proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if This goal, or on an attachment with an address.

SIGNATURE: SIGNATURE: SAMUEL LEE ABIA-CKON. 4/23/97. 620-22/4