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May 06 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036037 (5)

1. Corporation Name
BRIDAX CORPORATION



Principal Place of Business Mailing Address
80 SW 8TH STREET STE 2077 80 SW 8TH STREET STE 2077
MIAMI FL 33130 MIAMI FL 33130-3003

3. Date Incorporated or Qualified 04/25/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address
21 3804 S. OCEAN DR. 26 3804 S. OCEAN DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State 23 HOLLYWOOD, FLORIDA 28 HOLLYWOOD, FLORIDA
Zip 24 33019 Country 25 USA 29 33019 30 USA
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
AGRAMUT, LUIS 81 Name
80 SW 8TH STREET STE 2077 82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33130 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|----------------------|
| TITLE | D | 1.1 TITLE | D, S |
| NAME | CAGGIANO, ROXANA | 1.2 NAME | CAGGIANO, ROXANA |
| STREET ADDRESS | 80 SW 8TH STREET STE 2077 | 1.3 STREET ADDRESS | 3804 S. OCEAN DR. |
| CITY - ST - ZIP | MIAMI FL 33130 | 1.4 CITY - ST - ZIP | HOLLYWOOD, FL. 33019 |
| TITLE | | 2.1 TITLE | D |
| NAME | | 2.2 NAME | DIEGO HERNANDEZ |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 3804 S. OCEAN DR. |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | HOLLYWOOD, FL. 33019 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 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 on 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; 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 in an attachment with an address.

SIGNATURE: D. HERNANDEZ, D. REC. CO. PDA 04/28/97 (954)445-8446

CR2E034 (9/96)