


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

FILED
May 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra P. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000038979 1. Corporation Name POTTN SOIL CORPORATION					
Principal Place of Business 113900 N.W. 112TH AVE. MIAMI, FL 33016 US			Mailing Address 113900 NW. 112 AVE MIAMI, FL 33016 US		
2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 833 Savannah Falls Dr Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale Zip 29 33327 Country 30 Broward		3. Date Incorporated or Qualified 3a. Date of Last Report 4. FEI Number 65-0665232 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name Jose N Correa 82 Street Address (P.O. Box Number is Not Acceptable) 833 Savannah Falls Dr 83 Ft. Lauderdale, Fl 84 City FL 85 Zip Code 33327		
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 N CORREA Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) <i>Jose N. Correa</i> 05-16-97					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS HERNANDEZ ABEL NDE CITY-ST-ZIP 11390 NW 112 AVE. MIAMI, FL 33016			11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STD STREET ADDRESS SANCHEZ, JULIA CITY-ST-ZIP 770 N.E. 2ND PLACE HIALEAH, FL 33010			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: *Abel Hernandez*

04-07-97 (954) 349-3467

CR2E034 (9/96)