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Apr 15 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 # P96000039286 (5)

1. Corporation Name  
A AARDWOLF, INC.



Principal Place of Business: 610 NW 183 ST #7A MIAMI FL 33169  
Mailing Address: 610 NW 183 ST #7A MIAMI FL 33169-4472

3. Date Incorporated or Qualified: 05/07/1996  
3a. Date of Last Report  
4. FEI Number: 65-0670870  
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

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent  
SORENSEN, DOUGLAS  
20551B OLD CUTLER RD  
MIAMI FL 33189

10. Name and Address of New Registered Agent  
81 Name: SORENSEN DOUGLAS  
82 Street Address: 20343 OLD CUTLER RD.  
84 City: MIAMI FL 85 Zip Code: 33189

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: Julie D. Prima  
DATE: 3/18/97

12. OFFICERS AND DIRECTORS  
1.1 TITLE: PRES.  
1.2 NAME: JULIE D. PRIMA  
1.3 STREET ADDRESS: 610 NW 183rd St #7A  
1.4 CITY-ST-ZIP: MIAMI, FL 33169

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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: Julie Di Prima  
DATE: 3/18/97  
Daytime Phone #: 651-7491

CR2E034 (9/96)