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Mar 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 # P96000043812 (2)

1. Corporation Name
SR PROJECT, INC.

Principal Place of Business
5503 N.W. 201 TERRACE
MIAMI FL 33055

Mailing Address
5503 N.W. 201 TERRACE
MIAMI FL 33055-6622



3. Date Incorporated or Qualified 05/22/1996	3a. Date of Last Report
4. FEI Number 65-0682258	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 9805 N.W. 52 Street Suite, Apt. #, etc. #106 City & State MIAMI, FL Zip 33178 Country USA	2a. Mailing Address 26 9805 NW 52 Street Suite, Apt. #, etc. #106 City & State MIAMI, FL Zip 33178 Country
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9. Name and Address of Current Registered Agent

IBARRA, SASCHA
5503 N.W. 201 TERRACE
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name LARRY NONES, CPA
82 Street Address (P.O. Box Number is Not Acceptable) Suite 201
83 1985 N.W. 88th Court
84 City MIAMI
85 Zip Code FL 33172

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

LARRY NONES, CPA

3/3/97

Signature of individual or principal officer of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D	DELETE <input type="checkbox"/>
NAME IBARRA, SASCHA	
STREET ADDRESS 5503 N.W. 201 TERRACE	
CITY - ST - ZIP MIAMI FL 33055	
TITLE D	DELETE <input type="checkbox"/>
NAME FUENTES, REINALDO	
STREET ADDRESS 2903 N.E. 163RD ST. #602	
CITY - ST - ZIP N MIAMI BEACH FL 33160	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE D/S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/97 (305) 626 9954

CR2E034 (9/96)