


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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000046298 (1)**  
 1. Corporation Name  
**SUTERRA CORPORATION**



Principal Place of Business <b>3601 S BAYSHORE DR. SUITE 1425 MIAMI FL 33133</b>	Mailing Address <b>2601 S BAYSHORE DR. SUITE 1425 MIAMI FL 33133-3473</b>
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2. Principal Place of Business 21 <b>8750 N.W. 36 STREET</b>		2a. Mailing Address 26 <b>8750 N.W. 36 STREET</b>		3. Date Incorporated or Qualified <b>05/31/1996</b>	3a. Date of Last Report
22 <b>SUITE 200</b>		27 <b>SUITE 200</b>		4. FEI Number <b>65-0674065</b>	Applied For Not Applicable
23 <b>MIAMI, FLORIDA</b>		28 <b>MIAMI, FLORIDA</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 <b>33178</b> 25 <b>USA</b>		29 <b>33178</b> 30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>DEL VALLE, MILLY %SUTERRA CORPORATION 8750 N.W. 36TH ST., SUITE 200 MIAMI FL 33178</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b> 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: *Milly Del Valle* **APRIL 24, 1997**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D-</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/N/T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FREEMAN, ROBERT A</b>		1.2 NAME	<b>MILLY DEL VALLE</b>	
STREET ADDRESS	<b>2601 S BAYSHORE DR, SUITE 1425 -</b>		1.3 STREET ADDRESS	<b>8750 N.W. 36 STREET SUITE 200</b>	
CITY - ST - ZIP	<b>MIAMI FL 33133 -</b>		1.4 CITY - ST - ZIP	<b>MIAMI, FL. 33178</b>	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Milly Del Valle* **APRIL 24, 1997** (305) 592-5999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)