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

FILED Sep 22 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # Principal Place of Business Mailing Address 11334 SW 132 Pl #4 11334 SW 132 Pl #4 Miami, F1 33186 Miami, Fl 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Garcia, huis R. 113345W 13Z PI #4 Street Address (P.O. Box Number is Not Acceptable) Miami, F1 33186 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 agont and lice if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 D (Director) DELETE 1.1 TITLE Change Addition TITLE GARCIA, LUIS R 1.2 NAME NAME 11334 SW 132 Pl #4 1.3 STREET ADDRESS STREET ADDRESS 4 iamis F1 33/86 1.4 CITY - ST - ZIP CITY-ST-ZIP PISIC President Scoreby Transurer Change COOPER, DAVID A. 719 N. HIGHLANDS DR. DELETE 21 10114 Addition TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS HOLLY WOOD, FC. 33021 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3 1 1111 E Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CHY-ST-7IP CITY-ST-ZIP OELE1E 41 TITLE Change Addition TITLE 4.2 NAM5 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 51 TITLE Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 6.1 TITLE Change TITLE 800002299198 6.2 NAML NAME -09/22/97--01032--040 STREET ADDRESS 63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify information indicated of this annual report or supplemental annual report is tru. I am an officer or director of the corporation or the receiver or trustee empowe. 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 path; that to corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.4 C/1Y-S1-ZIP

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***61.25

for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the