


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

**FILED**  
**Apr 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000052228 (9)**  
 1. Corporation Name  
**GENE PALUMBO, INC.**



Principal Place of Business <b>C/O GENE PALUMBO                  1500 BAY ROAD #938                  MIAMI BEACH FL 33139</b>	Mailing Address <b>C/O GENE PALUMBO                  1500 BAY ROAD #938                  MIAMI BEACH FL 33139-3225</b>
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***PLEASE NOTE NEW ADDRESS***

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/19/1996</b>		3a. Date of Last Report	
21 <b>880 NE 69TH STREET</b>	26 <b>880 NE 69TH STREET</b>	4. FEI Number <b>65-0694280</b>		Applied For		Not Applicable	
22 <b>14-S</b>	27 <b>14-S</b>	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
23 <b>MIAMI FL</b>	28 <b>MIAMI FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
24 <b>33138</b>	25 <b>DADE</b>	29 <b>33138</b>	30 <b>DADE</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

g. Name and Address of Current Registered Agent <b>PALUMBO, GENE                  1500 BAY ROAD SUITE 938                  MIAMI BEACH FL 33139</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
				<b>880 NE 69TH STREET</b>			
				<b>14-S</b>			
83 City				84 <b>MIAMI</b>			
				85 Zip Code <b>FL 33138</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PALUMBO, GENE</b>	1.2 NAME	
STREET ADDRESS	<b>1500 BAY ROAD #938</b>	1.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI BEACH FL 33139</b>	1.4 CITY- ST- ZIP	
	<i>BEONE LAST 145 MIAMI FL 33138</i>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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 quarterly 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 this corporation and have been empowered 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 of this report with an address.

**SIGNATURE:** *Gene Palumbo* **Gene Palumbo** **305/754-5429**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E03-1 (9-96)