

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000056119 (6)

1. Corporation Name

FRESH BEGINNINGS, INC.

Principal Place of Business

11818 S.W. 123 AVENUE  
MIAMI FL 33186

Mailing Address

11818 S.W. 123 AVENUE  
MIAMI FL 33186-5049

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 25 Country 26

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

SILVERMAN, MADALYN  
11818 S.W. 123 AVENUE  
MIAMI FL 33186

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 agent and title if applicable:

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME SILVERMAN, EDWARD  
STREET ADDRESS 11818 S.W. 123 AVENUE  
CITY-ST-ZIP MIAMI FL 3318

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

TITLE VICE PRESIDENT  
NAME SILVERMAN, MADALYN  
STREET ADDRESS 11818 SW 123 AVE  
CITY-ST-ZIP MIAMI FL 33186

DELETE

21 TITLE  Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

DELETE

31 TITLE  Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

DELETE

41 TITLE  Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

DELETE

51 TITLE  Change  Addition

TITLE   
NAME   
STREET ADDRESS   
CITY-ST-ZIP

DELETE

61 TITLE  Change  Addition

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: 

FILED  
May 15 1997 8:00am  
Secretary of State



CR2E034 (9/96)