

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057992 (5)

1. Corporation Name
PLAN BEATS, INC.

Principal Place of Business

10600 S.W. 127TH STREET
MIAMI FL 33176

Mailing Address

10600 S.W. 127TH STREET
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/10/1996	3a. Date of Last Report N/A
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 12461 SW 95 TERR.	26 12461 SW 95 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 MIAMI, FL.	28 MIAMI, FL.
Zip	Zip
24 33186	29 33186
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

SCHERE, LESLIE A
1865 BRICKELL AVENUE
SUITE A-207
MIAMI BEACH FL 33129

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
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

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	VD	1.1 TITLE	VD/SEC.
NAME	SCHERE, SETH J	1.2 NAME	SCHERE, SETH J.
STREET ADDRESS	10600 S.W. 127TH STREET	1.3 STREET ADDRESS	15391 S DIXIE HWY # 59
CITY-ST-ZIP	MIAMI FL 33176	1.4 CITY-ST-ZIP	MIAMI, FL. 33157
TITLE	VD	2.1 TITLE	VD
NAME	HARRIS, GARRIET D	2.2 NAME	HARRIS, GARRIET D.
STREET ADDRESS	10350 S.W. 176TH STREET	2.3 STREET ADDRESS	10350 S.W. 176TH ST.
CITY-ST-ZIP	MIAMI FL 33157	2.4 CITY-ST-ZIP	MIAMI, FL. 33157
TITLE	VD	3.1 TITLE	
NAME	WILLIAMS, ANDRE L	3.2 NAME	
STREET ADDRESS	38 N.E. 50TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33137	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	PD
NAME	RIVERA, JAVIER A	4.2 NAME	RIVERA, JAVIER A.
STREET ADDRESS	12363 S.W. 94TH LANE	4.3 STREET ADDRESS	12461 SW 95 TERR.
CITY-ST-ZIP	MIAMI FL 33186	4.4 CITY-ST-ZIP	MIAMI, FL. 33186
TITLE	SD	5.1 TITLE	
NAME	MAURIZIO, MICHAEL C	5.2 NAME	
STREET ADDRESS	10600 S.W. 127TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	DIRECTOR
NAME		6.2 NAME	SCHERE, JACOB D.
STREET ADDRESS		6.3 STREET ADDRESS	600 J STREET # 200
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MARTINEZ, CA. 94553

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] 9/17/97 9:59 AM

CP2E034 (4/97)