

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

FILED

Apr 28 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 # **P96000060555 (5)**

1. Corporation Name
NAZIRITE GROUP, INC.

Principal Place of Business

**412 SHAMROCK ROAD
BRANDON FL 33511**

Mailing Address

**412 SHAMROCK ROAD
BRANDON FL 33511-5546**

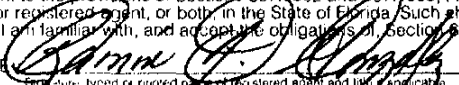


3. Date Incorporated or Qualified 07/18/1996	3a. Date of Last Report
4. FEI Number 59-3386769	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 608 Brandon, FL 33511-0608
22 City & State	27 Suite, Apt. #, etc.
23 Zip	28 City & State
24 Country	29 Zip
25	30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GONZALEZ, RAMON 412 SHAMROCK ROAD BRANDON FL 33511	81 Name Ramon A. Gonzalez
	82 Street Address (P.O. Box Number is Not Acceptable) 208 Lake Parsons Green, Apt. 1608
	83
	84 City Brandon
	85 Zip Code FL 33511

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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  (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <input type="checkbox"/> DELETE	1.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME Ramon A. Gonzalez
STREET ADDRESS	1.3 STREET ADDRESS 208 Lake Parsons Green, Apt. 1608
CITY-ST-ZIP	1.4 CITY-ST-ZIP Brandon, FL 33511
TITLE <input type="checkbox"/> DELETE	2.1 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2.2 NAME Evangelina G. Carcano
STREET ADDRESS	2.3 STREET ADDRESS Calle 2 A25 Bonneville Terrace
CITY-ST-ZIP	2.4 CITY-ST-ZIP Caguas, P.R. 00725
TITLE <input type="checkbox"/> DELETE	3.1 TITLE S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME Delores Olree
STREET ADDRESS	3.3 STREET ADDRESS 412 Shamrock Road
CITY-ST-ZIP	3.4 CITY-ST-ZIP Brandon, FL 33511
TITLE <input type="checkbox"/> DELETE	4.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME Jorge M. Toledo
STREET ADDRESS	4.3 STREET ADDRESS 7022 N. Coolidge Ave.
CITY-ST-ZIP	4.4 CITY-ST-ZIP Tampa, FL 33614
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

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