


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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # *P96000061512*

1. Corporation Name
Name Droppers, Inc.

Principal Place of Business <i>13001 S.W. 104 Avenue Miami, FL 33176</i>	Mailing Address <i>13615 S. Dixie Highway Suite 442 Miami, FL 33176</i>
--	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified <i>7-22-96</i>	3a. Date of Last Report
4. FEI Number <i>65-0683166</i>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

*Dana Lieberman
13001 S.W. 104 Avenue
Miami, FL 33176*

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	11 TITLE	11 TITLE	D/P
NAME	12 NAME	12 NAME	<i>Dana Lieberman</i>
STREET ADDRESS	13 STREET ADDRESS	13 STREET ADDRESS	<i>13001 S.W. 104 Avenue</i>
CITY-ST-ZIP	14 CITY-ST-ZIP	14 CITY-ST-ZIP	<i>Miami, FL 33176</i>
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	21 TITLE	21 TITLE	
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY-ST-ZIP	24 CITY-ST-ZIP	24 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	31 TITLE	31 TITLE	
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP	34 CITY-ST-ZIP	34 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	41 TITLE	41 TITLE	
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	51 TITLE	51 TITLE	
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	61 TITLE	61 TITLE	
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP	64 CITY-ST-ZIP	64 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: *Dana K. Lieberman* *Dana K. Lieberman* *4-18-97* *(305) 234-8532*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)