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Feb 11 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 # P96000062374 (9)

1. Corporation Name  
PORTA A PORTA SERVICE INC.



Principal Place of Business

7392 N.W. 35TH TERRACE  
SUITE 206  
MIAMI FL 33122

Mailing Address

7392 N.W. 35TH TERRACE  
SUITE 206  
MIAMI FL 33122-1271

3. Date Incorporated or Qualified 07/25/1996 3a. Date of Last Report

2. Principal Place of Business 21 2a. Mailing Address 26 4. FEI Number 650685046 Applied For 65-085046 Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CHEW, THOON S  
7392 N.W. 35TH TERRACE  
SUITE 206  
MIAMI FL 33122

10. Name and Address of New Registered Agent

81 Name LEILA R. CHAVES  
82 Street Address (P.O. Box Number is Not Acceptable) 3581 FONTAINEBLEAU BLVD #514  
83  
84 City MIAMI FL 85 Zip Code 33172

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 Leila R. Chaves LEILA REGINA CHAVES (PRESIDENT) 01/14/97 DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	LEILA R. CHAVES		LEILA R. CHAVES
STREET ADDRESS	3581 FONTAINEBLEAU BLVD 514	1.3 STREET ADDRESS	3581 FONTAINEBLEAU BLVD #514
CITY - ST - ZIP	MIAMI FL 33172	1.4 CITY - ST - ZIP	MIAMI FL 33172
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	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: Leila R. Chaves LEILA R. CHAVES 01/14/97 (305) 717-9966

CR2E034 (9/96)