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May 16 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 # P96000063396 (1)

1. Corporation Name
WEEK, INC.



Principal Place of Business
2951 PALM AIRE SO. DRIVE 204
POMPANO BEACH FL 33069

Mailing Address
2951 PALM AIRE SO. DRIVE 204
POMPANO BEACH FL 33069-4262

3. Date Incorporated or Qualified 07/26/1996	3a. Date of Last Report
4. FEI Number 45-0681796	Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent BALLOCCI, JUAN 2951 PALM AIRE SO. DRIVE 204 POMPANO BEACH FL 33069	10. Name and Address of New Registered Agent 81 Name William Gerstein, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 1300 N Federal Hwy 83 Suite 203 84 City Boca Raton FL 85 Zip Code 33432
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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 *William Gerstein* William Gerstein 4/30/97
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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BALLOCCI, JUAN		1.2 NAME Irene Solange Coudeau Despouy	
STREET ADDRESS 2951 PALM AIRE SO. DRIVE 204		1.3 STREET ADDRESS 2951 Palm Aire Dr. S., #204	
CITY-ST-ZIP POMPANO BEACH FL 33069		1.4 CITY-ST-ZIP Pompano Beach, FL 33069	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D, S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Andres Ballocci Giusti	
STREET ADDRESS		2.3 STREET ADDRESS 2951 Palm Aire Drive S., #204	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Pompano Beach, FL 33069	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME Claudia Giordanna Zanetti Cortessi	
STREET ADDRESS		3.3 STREET ADDRESS 2951 Palm Aire Dr. S., #204	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Pompano Beach, FL 33069	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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: *Ballocci* *Coudeau* 4/30/97 954-974-7740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)