

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000067873**  
1. Corporation Name  
**SAFE WRAP OF AMERICA, INC.**

Principal Place of Business	Mailing Address
<b>5881 NW 151st Street, Suite 112 Miami Lakes, FL 33014</b>	<b>5881 NW 151st Street Suite 112 Miami Lakes, FL 33014</b>

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>65-0690158</b>	<b>N/A</b>
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	30. Country	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		10. Name and Address of New Registered Agent	
<b>Mijares, Noel 5881 NW 151st Street Suite 112 Miami Lakes, FL 33014</b>		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
		83.	
		84. City	

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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Noel of J. J. J.* DATE: **4-29-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>President, CEO</b> <input type="checkbox"/> DELETE	11 TITLE	<b>COO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mijares, Noel</b>	12 NAME	<b>Soler, Raymond E.</b>
STREET ADDRESS	<b>5881 NW 151st Street, Ste. 112</b>	13 STREET ADDRESS	<b>21424 NW 40th Circle Court</b>
CITY-STATE-ZIP	<b>Miami Lakes, FL 33014</b>	14 CITY-ST-ZIP	<b>Miami, FL 33056</b>
TITLE	<b>Vice-President, Treas.</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Leiva, David E.</b>	22 NAME	
STREET ADDRESS	<b>511 East 40th Street</b>	23 STREET ADDRESS	
CITY-STATE-ZIP	<b>Hialeah, FL 33014</b>	24 CITY-ST-ZIP	
TITLE	<b>Secretary</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Leiva, Martha J.</b>	32 NAME	
STREET ADDRESS	<b>511 East 40th Street</b>	33 STREET ADDRESS	
CITY-STATE-ZIP	<b>Hialeah, FL 33013</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-STATE-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-STATE-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-STATE-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: *Noel of J. J. J.* **Noel MIJARES** DATE: **4-29-97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (305) 828-5506

CR2E034 (9/96)