

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

FILED

Apr 17 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 # P96000067906 (3)

1. Corporation Name
BUILDING PROMOTOR, INC.



Principal Place of Business 2500 HOLLYWOOD BLVD., SUITE 215 HOLLYWOOD FL 33020	Mailing Address 2500 HOLLYWOOD BLVD., SUITE 215 HOLLYWOOD FL 33020-6615
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3. Date Incorporated or Qualified 08/13/1996	3a. Date of Last Report
4. FEI Number Applied For	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 21 1222 N.E. 4th Avenue Suite, Apt. #, etc. 22 City & State 23 Fort Lauderdale, Fl 24 Zip 33304 25 Country U.S.	2a. Mailing Address 26 1222 N.E. 4th Avenue Suite, Apt. #, etc. 27 City & State 28 Fort Lauderdale, Fl 29 Zip 33304 30 Country U.S.
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9. Name and Address of Current Registered Agent LABOSSIÈRE, MARC 2500 HOLLYWOOD BLVD., SUITE 215 HOLLYWOOD FL 33020	10. Name and Address of New Registered Agent 81 Name Labossiere Marc 82 Street Address (P.O. Box Number is Not Acceptable) 1222 N.E. 4th Avenue 83 84 City Fort Lauderdale FL 85 Zip Code 33304
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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 Marc Labossiere DATE 4/13/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	DUGAL, PIERRETTE	1.2 NAME	
STREET ADDRESS	111 N. CORTEZ, CIRCLE A	1.3 STREET ADDRESS	
CITY - ST - ZIP	MARGATE FL 33068	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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: PIERRETTE DUGAL Pierrette Dugal 04/09/97 (954) 972-9562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)