

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

**FILED**  
**Apr 28 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 # P96000074014**  
 1. Corporation Name  
**In Addition, Inc.**

Principal Place of Business Mailing Address  
**16308 N.W. 11 Street** **16308 N.W. 11 Street**  
**Pembroke Pines, FL** **Pembroke Pines, FL 33028**  
**33028**

2. Principal Place of Business 2a. Mailing Address  
 21 **6805 Main Street** 26 **6805 Main Street**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 **Miami Lakes, FL** 28 **Miami Lakes, FL**  
 Zip Country Zip Country  
 24 **33014** 25 **USA** 29 **33014** 30 **USA**

3. Date Incorporated or Qualified **September 3, 1996** 3a. Date of Last Report  
 4. FEI Number **65-0699532** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**Ilka Marrero**  
**16308 N.W. 11 Street**  
**Pembroke Pines, FL 33028**

10. Name and Address of New Registered Agent  
 81 Name **Ilka Marrero**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **6805 Main Street**  
 84 City **Miami Lakes** FL 85 Zip Code **33014**

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. I, \_\_\_\_\_, of 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: *Ilka Marrero* **Ilka Marrero** **4/23/97**  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>P/D</b>
1.3 STREET ADDRESS	<b>Ilka Marrero</b>
1.4 CITY - ST - ZIP	<b>16308 N.W. 11 Street</b> <b>Pembroke Pines, FL 33028</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>V/D</b>
2.3 STREET ADDRESS	<b>Victor Marrero</b>
2.4 CITY - ST - ZIP	<b>16308 N.W. 11 Street</b> <b>Pembroke Pines, FL 33028</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>S/T/D</b>
3.3 STREET ADDRESS	<b>Ruth B. Shannon</b>
3.4 CITY - ST - ZIP	<b>4004 N.W. 87 Avenue</b> <b>Sunrise, FL 33351</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>300002158613</b>
6.3 STREET ADDRESS	<b>-04/23/97--01076--045</b>
6.4 CITY - ST - ZIP	<b>***165.00</b>

14. I, \_\_\_\_\_, 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 is shown in Block 12 or Block 13 if changed. (If an attachment with an address.)

SIGNATURE: *Ilka Marrero* **Ilka Marrero** **4/23/97** (305) 828-0304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)