

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
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DOCUMENT # P96000074014
 1. Corporation Name
In Addition, Inc.

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 6805 Main Street	26 6805 Main Street	September 3, 1996	September 3, 1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Miami Lakes, FL	28 Miami Lakes, FL	65-0699532	<input type="checkbox"/> Not Applicable
24 33014	25 USA	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
26 33014	27 USA	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
28 33014	29 USA	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
Ilka Marrero 16308 N.W. 11 Street Pembroke Pines, FL 33028	81 Name Ilka Marrero 82 Street Address (P.O. Box Number is Not Acceptable) 6805 Main Street 83 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 within the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Ilka Marrero* **Ilka Marrero** **4/23/97**
 (Signature required 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/D
STREET ADDRESS		1.3 STREET ADDRESS	Ilka Marrero
CITY- ST- ZIP		1.4 CITY- ST- ZIP	16308 N.W. 11 Street
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	V/D
STREET ADDRESS		2.3 STREET ADDRESS	Victor Marrero
CITY- ST- ZIP		2.4 CITY- ST- ZIP	16308 N.W. 11 Street
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Ruth B. Shannon
STREET ADDRESS		3.3 STREET ADDRESS	4004 N.W. 87 Avenue
CITY- ST- ZIP		3.4 CITY- ST- ZIP	Sunrise, FL 33351
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 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 is shown in Block 12 or Block 13 if changed or in 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)