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Jun 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075099 (7)

1. Corporation Name
IRONIC, INC.

Principal Place of Business

4650 SW 51ST STREET
DAVIE FL 33314

Mailing Address

4650 SW 51ST STREET
DAVIE FL 33314-5534



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/10/1996		3a. Date of Last Report	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0692791		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CALVO, SERGIO O
30 WEST 59TH STREET
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

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

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	PD	11. TITLE	PD
NAME	CALVO, SERGIO O	12. NAME	CALVO, SERGIO O.
STREET ADDRESS	30 WEST 59TH STREET	13. STREET ADDRESS	4650 SW 51ST 705
CITY-ST-ZIP	HIALEAH FL 33012	14. CITY-ST-ZIP	DAVIE, FLA. 33314
TITLE	VD	2.1. TITLE	VD
NAME	CALVO, MARIA V	2.2. NAME	CALVO, MARIA V.
STREET ADDRESS	4650 SW 51ST STREET	2.3. STREET ADDRESS	4650 SW 51ST 705
CITY-ST-ZIP	DAVIE FL 33314	2.4. CITY-ST-ZIP	DAVIE, FLA. 33314
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

[Handwritten Signature]

5-8-97

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CR2E034 (9/96)