

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 15 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 # P96000075552 (5)

1. Corporation Name

TOUCHED BY AN ANGEL, INC.



Principal Place of Business 655 IVES DAIRY RD #417 NORTH MIAMI FL 33179	Mailing Address 655 IVES DAIRY RD #417 NORTH MIAMI FL 33179
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 655 IVES DAIRY RD Suite, Apt. #, etc. 22 #417 City & State 23 NORTH MIAMI FL Zip 24 33179 Country 25 USA		2a. Mailing Address 26 655 IVES DAIRY RD Suite, Apt. #, etc. 27 #417 City & State 28 NORTH MIAMI FL Zip 29 33179 Country 30 USA		3. Date Incorporated or Qualified 09/05/1996	3a. Date of Last Report
				4. FEI Number 65-0713505	Applied For Not Applicable
				5. Certificate of Status Desired X	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KURZWEIL, DANIEL  
201 ALHAMBRA CIRCLE, SUITE 1200  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ANGELICA KURZWEIL  
82 Street Address (P.O. Box Number is Not Acceptable)  
655 IVES DAIRY RD (#417)  
83  
84 City NORTH MIAMI FL 85 Zip Code 33179

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 fee, if applicable


(NOTE: Registered Agent signature required when reinstating)

DATE

9/10/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	ANGELICA KURZWEIL
STREET ADDRESS		1.3 STREET ADDRESS	655 IVES DAIRY RD
CITY-ST-ZIP		1.4 CITY-ST-ZIP	NORTH MIAMI FL 33179
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY - TREAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	EVERLYN SALOMON
STREET ADDRESS		2.3 STREET ADDRESS	1540 NE 111 STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	N. MIAMI FL 33161
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
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 

9/10/97

CR2E034 (4/97)