


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

FILED

May 07 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 # P96000075700 1. Corporation Name 1461 MIAMI CORP.					
Principal Place of Business 14626 SW 104th. ST. Miami, FL 33186			Mailing Address 14626 SW 104th. ST. Miami, FL 33186		
2. Principal Place of Business 21 State Apt. # etc. 22 14629 SW 104th. St. City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 14629 SW 104th. St. City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 9/11/96 3a. Date of Last Report 4. FEI Number 65-0694640 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ANTONIO GARCIA 14626 SW 104th. ST. Miami, FL 33186			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 14629 SW 104th. St 83 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.1 TITLE D 12.2 NAME GARCIA, ANTONIO 12.3 STREET ADDRESS 14626 SW 104th. St. 12.4 CITY-STATE-ZIP Miami, FL 33186			13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 14629 SW 104th. St. 13.4 CITY-STATE-ZIP		
12.5 TITLE <input type="checkbox"/> DELETE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-STATE-ZIP			13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP		
12.9 TITLE <input type="checkbox"/> DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-STATE-ZIP			13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP		
12.13 TITLE <input type="checkbox"/> DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-STATE-ZIP			13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP		
12.17 TITLE <input type="checkbox"/> DELETE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-STATE-ZIP			13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP		
12.21 TITLE <input type="checkbox"/> DELETE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-STATE-ZIP			13.21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-STATE-ZIP		
12.25 TITLE <input type="checkbox"/> DELETE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-STATE-ZIP			13.25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-STATE-ZIP		
12.29 TITLE <input type="checkbox"/> DELETE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY-STATE-ZIP			13.29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-STATE-ZIP		
12.33 TITLE <input type="checkbox"/> DELETE 12.34 NAME 12.35 STREET ADDRESS 12.36 CITY-STATE-ZIP			13.33 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-STATE-ZIP		
12.37 TITLE <input type="checkbox"/> DELETE 12.38 NAME 12.39 STREET ADDRESS 12.40 CITY-STATE-ZIP			13.37 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-STATE-ZIP		
12.41 TITLE <input type="checkbox"/> DELETE 12.42 NAME 12.43 STREET ADDRESS 12.44 CITY-STATE-ZIP			13.41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.42 NAME 13.43 STREET ADDRESS 13.44 CITY-STATE-ZIP		
12.45 TITLE <input type="checkbox"/> DELETE 12.46 NAME 12.47 STREET ADDRESS 12.48 CITY-STATE-ZIP			13.45 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.46 NAME 13.47 STREET ADDRESS 13.48 CITY-STATE-ZIP		
12.49 TITLE <input type="checkbox"/> DELETE 12.50 NAME 12.51 STREET ADDRESS 12.52 CITY-STATE-ZIP			13.49 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.50 NAME 13.51 STREET ADDRESS 13.52 CITY-STATE-ZIP		
12.53 TITLE <input type="checkbox"/> DELETE 12.54 NAME 12.55 STREET ADDRESS 12.56 CITY-STATE-ZIP			13.53 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.54 NAME 13.55 STREET ADDRESS 13.56 CITY-STATE-ZIP		
12.57 TITLE <input type="checkbox"/> DELETE 12.58 NAME 12.59 STREET ADDRESS 12.60 CITY-STATE-ZIP			13.57 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.58 NAME 13.59 STREET ADDRESS 13.60 CITY-STATE-ZIP		
12.61 TITLE <input type="checkbox"/> DELETE 12.62 NAME 12.63 STREET ADDRESS 12.64 CITY-STATE-ZIP			13.61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.62 NAME 13.63 STREET ADDRESS 13.64 CITY-STATE-ZIP		
12.65 TITLE <input type="checkbox"/> DELETE 12.66 NAME 12.67 STREET ADDRESS 12.68 CITY-STATE-ZIP			13.65 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.66 NAME 13.67 STREET ADDRESS 13.68 CITY-STATE-ZIP		
12.69 TITLE <input type="checkbox"/> DELETE 12.70 NAME 12.71 STREET ADDRESS 12.72 CITY-STATE-ZIP			13.69 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.70 NAME 13.71 STREET ADDRESS 13.72 CITY-STATE-ZIP		
12.73 TITLE <input type="checkbox"/> DELETE 12.74 NAME 12.75 STREET ADDRESS 12.76 CITY-STATE-ZIP			13.73 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.74 NAME 13.75 STREET ADDRESS 13.76 CITY-STATE-ZIP		
12.77 TITLE <input type="checkbox"/> DELETE 12.78 NAME 12.79 STREET ADDRESS 12.80 CITY-STATE-ZIP			13.77 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.78 NAME 13.79 STREET ADDRESS 13.80 CITY-STATE-ZIP		
12.81 TITLE <input type="checkbox"/> DELETE 12.82 NAME 12.83 STREET ADDRESS 12.84 CITY-STATE-ZIP			13.81 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.82 NAME 13.83 STREET ADDRESS 13.84 CITY-STATE-ZIP		
12.85 TITLE <input type="checkbox"/> DELETE 12.86 NAME 12.87 STREET ADDRESS 12.88 CITY-STATE-ZIP			13.85 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.86 NAME 13.87 STREET ADDRESS 13.88 CITY-STATE-ZIP		
12.89 TITLE <input type="checkbox"/> DELETE 12.90 NAME 12.91 STREET ADDRESS 12.92 CITY-STATE-ZIP			13.89 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.90 NAME 13.91 STREET ADDRESS 13.92 CITY-STATE-ZIP		
12.93 TITLE <input type="checkbox"/> DELETE 12.94 NAME 12.95 STREET ADDRESS 12.96 CITY-STATE-ZIP			13.93 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.94 NAME 13.95 STREET ADDRESS 13.96 CITY-STATE-ZIP		
12.97 TITLE <input type="checkbox"/> DELETE 12.98 NAME 12.99 STREET ADDRESS 12.100 CITY-STATE-ZIP			13.97 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 13.98 NAME 13.99 STREET ADDRESS 13.100 CITY-STATE-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, unchanged, or on an attachment with an address					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/23/97 Daytime Phone #		

CR2E034 (9/96)