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FILED
Apr 30 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 # P96000076775 (1)

1. Corporation Name
TAMIAMI IMMIGRATION AGENCY INC.



Principal Place of Business: 2955 S.W. 8TH STREET SUITE 103 MIAMI FL 33135
Mailing Address: 2955 S.W. 8TH STREET SUITE 103 MIAMI FL 33135-2963

3. Date Incorporated or Qualified: 09/16/1996
3a. Date of Last Report

2. Principal Place of Business: 21 701 SW 27 AVE., SUITE 4A MIAMI, FLORIDA 33135 DADE
2a. Mailing Address: 26 701 SW 27 AVE SUITE 4A MIAMI, FLORIDA 33135 DADE

4. FEI Number: 65-0707079
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: AMAYA, EDGAR 2955 S.W. 8TH STREET SUITE 103 MIAMI FL 33135

10. Name and Address of New Registered Agent: 81 Name: AMAYA, EDGAR 82 Street Address: 701 SW 27 AVE SUITE 4A 83 84 City: MIAMI FL 85 Zip Code: 33135

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] DATE: 04-22-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YARSE, JOSE G	
STREET ADDRESS	701 S.W. 27TH AVE., SUITE 4	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AMAYA, EDGAR	
STREET ADDRESS	701 S.W. 27TH AVE., SUITE 4	
CITY - ST - ZIP	MIAMI FL 33135	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CORTEZ, MARLENE	
STREET ADDRESS	701 S.W. 27TH AVE., SUITE 4	
CITY - ST - ZIP	MIAMI FL 33135	
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	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AMAYA, EDGAR	
1.3 STREET ADDRESS	701 SW 27 AVE SUITE 4A	
1.4 CITY - ST - ZIP	MIAMI, FL 33135	
2.1 TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CORTEZ, MARLENE	
2.3 STREET ADDRESS	701 SW 27 AVE SUITE 4A	
2.4 CITY - ST - ZIP	MIAMI, FL 33135	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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		
6.3 STREET ADDRESS		
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: [Signature] DATE: 04-22-97 (305) 642-9676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0185334

CR2E034 (9/96)