

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

FILED
May 02 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 # P96000089051 (2)

1. Corporation Name
SERRET BROTHERS, INC.



Principal Place of Business
16800 NORTHWEST 51 PLACE
CAROL CITY FL 33055

Mailing Address
16800 NORTHWEST 51 PLACE
CAROL CITY FL 33055-4123

3. Date Incorporated or Qualified
10/29/1996

3a. Date of Last Report
12/31/96

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 16800 NW 51 PL		26 P.O. BOX 172366		65-0705196		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23 City & State CAROL CITY FL.		28 City & State HIALEAH FL.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip 33055		25 Country USA		29 Zip 33017		30 Country USA	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134				81 Name AMERILAWYER CHARTERED			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 343 ALMEIRA AVE.			
				84 City CORAL GABLES FL			
				85 Zip Code 33134			

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: _____ DATE: 4/25/97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRET, DAMIAN	1.2 NAME	
STREET ADDRESS	16800 NORTHWEST 51 PLACE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAROL CITY FL 33055	1.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERRET, JUAN LUIS	2.2 NAME	
STREET ADDRESS	16800 NORTHWEST 51 PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAROL CITY FL 33055	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<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 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: _____ DATE: 4/25/97 DAYTIME PHONE #: 305-626-9799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)