


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

FILED

May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000089137 (9)</b>			
1. Corporation Name <b>FRESH CLAMS, INC.</b>			
Principal Place of Business <b>12800 OLD CUTLER ROAD MIAMI FL 33158</b>		Mailing Address <b>12800 OLD CUTLER ROAD MIAMI FL 33158-6360</b>	



2. Principal Place of Business 21 <b>15223 N.W. 60th AVE</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI LAKES, FL</b> Zip 24 <b>33014</b>		2a. Mailing Address 26 <b>15223 N.W. 60th AVE</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI LAKES FL</b> Zip 29 <b>33014</b>		3. Date Incorporated or Qualified <b>10/30/1996</b>		3a. Date of Last Report <b>N/A</b>	
				4. FEI Number <b>65-0735149</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

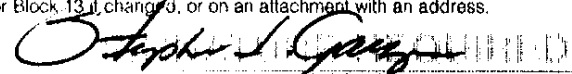
9. Name and Address of Current Registered Agent <b>WATSON, JOHN W 12800 OLD CUTLER ROAD MIAMI FL 33158</b>				10. Name and Address of New Registered Agent 81 Name <b>STEPHEN J. GARZA</b> 82 Street Address (P.O. Box Number is Not Accepted) <b>18847 N.W. 82nd PLACE</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33015</b>			
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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: \_\_\_\_\_  
(Signature typed in printed name of registered agent and title if applicable) (NOT registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	WATSON, JOHN W	1.2 NAME	STEPHEN GARZA
STREET ADDRESS	12800 OLD CUTLER ROAD	1.3 STREET ADDRESS	18847 N.W. 82nd PLACE
CITY - ST - ZIP	MIAMI FL 33158	1.4 CITY - ST - ZIP	MIAMI, FL. 33015
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D
NAME		2.2 NAME	JAMES H. JOHNSON JR.
STREET ADDRESS		2.3 STREET ADDRESS	3025 BLAINE STREET
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI, FL.
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:  DATE: **5/1/97** 305-819-8327  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)