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

Mailing Address

17262 N.W. 60TH COURT

MIAMI FL 33015-4668

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

17262 N.W. 60TH COURT

MIAMI FL 33015

NAME STREET ADORESS

City ST-72

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

3a. Date of Last Report

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000090237 (4)

GET ORGANIZED OF SOUTH FLORIDA, INC.

3. Date Incorporated or Qualified 11/01/1996 2. Principa: Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zφ Country Country Zip 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Willingham, Magnolia 17262 N.W. 60TH COURT 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33015 83 84 City 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. From familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATUR (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition Addition 1.1 TITLE VICE PRESIDENT Tritle 1.2 NAME NAME MARK MONROG 1.3 STREET ADDRESS STREET ADDRESS 17262 NW 60 CT 1.4 City-St-ZiP City - \$1 - 716 Miami, Pl 38015 DELETE 21 TITLE Change Addition 1611 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CHY ST-7P 2.4 CITY-\$T-ZIP DELETE Change Addition 111 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STHEET ADDRESS CHTY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE 300 MV6 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-ST-ZiP 4.4 CITY - ST - ZIP DELETE Addition 51 TITLE TELE 5.2 NAME MAM **53 STREET ADDRESS** STREET ADDRESS City St Zif 5.4 CITY-ST-ZIP DELETE Change Addition HILE 6.1 TITLE

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.