
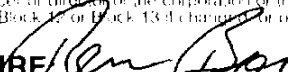


FILED

Apr 03 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	Apr 03 1998 8:00am <b>Secretary of State</b>
<b>DOCUMENT # P96000091875</b> 1. Corporation Name  <b>North River Boxing, Inc.</b>			
Principal Place of Business <b>1871 N.W. North River Drive</b> <b>Miami, Florida 33126</b>		Mailing Address <b>1871 N.W. North River Drive</b> <b>Miami, Florida 33126</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified <b>11/7/96</b>		3a. Date of Last Report <b>5/1/97</b>	
4. FEI Number <b>65-0728386</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent  <b>A Z Registered Agent Corporation</b> <b>2601 S. Bayshore Drive</b> <b>Suite 1600</b> <b>Miami, Florida 33133</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ <small>(Signature typed or printed name of person signing and title if applicable)</small> (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>D/P/S/T Boos, Ben 1871 N.W. North River Drive Miami, Florida 33133</b> <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input type="checkbox"/> Addition 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	
		300002477709 -04/03/98--01015--009 ***173.75	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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  BEN BOOS, President		3/26/98 (305) 324-0404	