

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000093463 (3)**

1. Corporation Name
SURPRISE, INC.



Principal Place of Business 2671 SW 27TH AVENUE MIAMI FL 33133	Mailing Address 2671 SW 27TH AVENUE MIAMI FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1550 W. 84 street, Suite, Apt. #, etc. 22 #73A City & State 23 Hialeah, FL Zip 24 33014		2a. Mailing Address 26 1550 W. 84 street Suite, Apt. #, etc. 27 #73A City & State 28 Hialeah, FL Zip 29 33014		3. Date Incorporated or Qualified 11/13/1996		3a. Date of Last Report	
25 USA		30 USA		4. FEI Number 1. 65-0742101		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORREA, GLORIA
2671 SW 27TH AVENUE
MIAMI FL 33133**

81 Name Gloria Correa
82 Street Address (P.O. Box Number is Not Acceptable) 1550 W. 84 street, #73
83
84 City Hialeah
85 Zip Code FL 33014

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 **Gloria Correa, Agent**

9/10/97

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CORREA, GLORIA		1.2 NAME Correa Gloria	
STREET ADDRESS 2671 SW 27TH AVENUE		1.3 STREET ADDRESS 1550 W 84 St #73A	
CITY-ST-ZIP MIAMI FL 33133		1.4 CITY-ST-ZIP Hialeah, Fla 33014	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE Vice president	
NAME		2.2 NAME Carvajal Reinaldo	
STREET ADDRESS		2.3 STREET ADDRESS 1550 W. 84 St #73A	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Hialeah, Fla 33014	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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.

CP2E034 (4/97)