PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State		_	26 1997 8:00an cretary of State
Corporation Name	96000949	117	CORPORATIONS		siciary of State
Principal Place of Business	FINDER INC	iling Address			
9822 NE 2 AVI MIAMI SHOTES, F	= #1.2	PO BOX 17' MIAMI FC	4056 A 33017	3. Date Incorporated or 0	Qualified 3a. Date of Last Report
2. Principal Place of Business	2a.	Mailing Address		Nov. 1996 4. FEI Number	May 1997 Applied For
21 15805 MIAMI LAKEWAY NORTH 26 PO BOX 174056 Suite, Apt. #, etc. Suite, Apt. #, etc.				65-070989 5. Certificate of Status De	\$8.75 Additional
City & State	27	City & State		Certificate of status Be Election Campaign Fin	Fee Required
	,	MIAHI	Country	I	Added to Fees ability for intangible tax under s. 199,032.
24 33014 25 C 9. Name and Ad	ISA 29 dress of Current Registr	33017 ered Agent	30 USA	Florida Statutes 10. Name and Address o	Yes No f New Registered Agent
ROSANA GUTIE 15805 MIAMI MIAMI LAKES,	LAKEWAY NO	URTH	81 Name82 Street8384 City	Address (P.O. Box Number is Not	Acceptable)
SIGNATURE TO THE	& Silt	Kosan	. [] [] ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	2	it for the purpose of changing its registered eby accept the appointment as registered
12.	OFFICERS AND DIREC	OBS DELETE	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS IN 12 Change Z Addition
NAME CORREST ADDRESS			1 2 NAME 1 3 STREET ADDRESS	ROSANA GUTIERR 15805 MIAMI CAKE	1-
STREET ADDRESS CITY-ST-ZIP			14 CAY-ST-ZIP	MIAMI LAKES, FO	A 33014
NAME STREET ADDRESS		□ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS	P/T RONDA PEROUTKA 15805 MIAMI LAKE	WAY NORTH #140 33014
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	2 4 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS	MIANI LAKES, FLA	Change Addition
CITY-ST-ZIP TITLE NAME		□ D€1F1€	34 CITY-S1-2IP 41 TITLE 4 2 NAME		Change Addition
STREET ADDRESS CITY-ST-2IP		DELETE	4.3 STREET ADDRESS 4.4 CDY-ST-ZIP		
NAME STREET ADDRESS		L_J DELETE	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		L_I Change L_I Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 THLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	©©©©© -09/29/97 ***61.50	2305510 ?01004006 9-20
14 I do hereby certify that the info	rmation supplied with this neual report or supplieme e corporation or the recei	s filing does not quali ntal annual report is t iver or trustee empow	v for the exemption s	ated in Section 119 07(3)(i) Florid	