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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000099248 (2)

1. Corporation Name
SCIENTOR SERVICES OF FLORIDA, INC.



Principal Place of Business

3971 S.W. 8TH STREET
SUITE 305
MIAMI FL 33134

Mailing Address

3971 S.W. 8TH STREET
SUITE 305
MIAMI FL 33134-2925

3. Date Incorporated or Qualified 12/09/1996
3a. Date of Last Report 12/9/96

2. Principal Place of Business

21 9525 SW 82 AVE
Suite, Apt. #, etc.

22 MIAMI FL

23 33156

24 Zip Country

2a. Mailing Address

26 SAME
Suite, Apt. #, etc.

27

City & State

29 Zip Country

4. FEI Number

65-0743328

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

SOSA, GULLAINE LAMAR
3971 S.W. 8TH STREET
SUITE 305
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name MARY ANN BORJA
82 Street Address (P.O. Box Number is Not Acceptable) 9525 SW 82 AVE
83 MIAMI
84 City MIAMI FL 85 Zip Code 33156

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 *Mary Ann Borja*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SOSA, GULLAINE LANE
STREET ADDRESS 3971 S.W. 8TH STREET, SUITE 305
CITY-ST-ZIP MIAMI FL 33134

TITLE PRESIDENT
NAME MARY ANN BORJA
STREET ADDRESS 9525 SW 82 AVE
CITY-ST-ZIP MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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.

SIGNATURE: *Mary Ann Borja* (MARY ANN BORJA) 4/1/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0003221

CR2E034 (9/96)