


7 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.)

APPROVED
AND
FILED

97 SEP 25 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000100329 (7)

1. Corporation Name

KAMPER LLERAS, INC.

Principal Place of Business 1051 MERIELAN AVE., APT. 1E MIAMI BEACH FL 33139	Mailing Address 1051 MERIELAN AVE., APT. 1E MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5400 NW 39th Avenue Suite, Apt. #, etc. 22 BB 263 City & State 23 Gainesville, FL Zip 24 32606 Country 25 USA	2a. Mailing Address 26 5400 NW 39th Avenue Suite, Apt. #, etc. 27 BB 263 City & State 28 Gainesville, FL Zip 29 32606 Country 30 USA
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3. Date Incorporated or Qualified 12/12/1996	3a. Date of Last Report
4. FEI Number N/A	Applied For <input checked="" type="checkbox"/> 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 BOTERO, DONNA R 11991 NE 14 AVE. ANTHONY FL 32617	10. Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, MARIA AMALIA 1051 MERIELAN AVE., APT. 1E MIAMI BEACH FL 33139 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOTERO, DONNA R 11991 NE 14 AVE. ANTHONY FL 32617 <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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500002306955--7 -09/29/97--01188--010 ****165.00 ****165.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition A. ALAN 9/25/97

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 M - SANDRA B. MORTHAM

CR2E034 (4/97)

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September 10, 1997

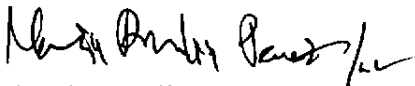
Annual Reports Filings
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Enclosed please find the \$165.00 annual fee. The corporation was incorporated at the end of last year and never received the first notice to pay the \$165.00. The address listed was 1051 Meridian Avenue, Apt. 1E, Miami Beach, FL 33139 when in fact the correct address was 1051 Meridian Avenue, Apt. 1B, Miami Beach, FL 33139.

Please note that box 4 has not been filled out because there is no federal identification number. This corporation has never actually started any operations. Should you have any questions, please do not hesitate to contact me at (352) 335-2920.

Sincerely,



Maria Amalia Perez