

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 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 # P96000100665 (4)
 1. Corporation Name
PROFESSIONAL DETAILERS, INC.



Principal Place of Business 13356 S.W. 46TH LANE MIAMI FL 33175	Mailing Address 13356 S.W. 46TH LANE MIAMI FL 33175-3929
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3. Date Incorporated or Qualified 12/12/1996	3a. Date of Last Report
4. FEI Number 65-0714101	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
VALERON, ESTHER
13356 S.W. 46TH LANE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	NUNEZ, ANA M
STREET ADDRESS	13356 S.W. 46TH LANE
CITY - ST - ZIP	MIAMI FL 33175
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP
21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP
31. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP
41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP
51. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP
61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME
63. STREET ADDRESS
64. 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:  **4/28/97**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE # 0004500

CR2E034 (9/96)