

**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**

*10/2*

**1997 SEP 12 PM 3: 02**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000100675 (3)**

1. Corporation Name  
**TREASURESMTIH, INC.**



Principal Place of Business      Mailing Address  
**1438 BRICKELL AVENUE  
MIAMI FL 33131**      **1438 BRICKELL AVENUE  
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

|  |                                       |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/12/1996</b>   | 3a. Date of Last Report               |
| 4. FEI Number<br><b>65-0723430</b>   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> 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 type="checkbox"/> No |                                       |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. Zip      Country           | 28. Zip      Country    |
| 24.      25.      29.      30. |                         |

9. Name and Address of Current Registered Agent  
**PICKARD, BONNIE  
3689 LOQUAT AVENUE  
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

|  |
|--|
| 81. Name   |
| 82. Street Address (P.O. Box Number is Not Acceptable) |
| 83.  |
| 84. City <b>FL</b> 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's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |  |
|----------------|--|
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>PICKARD, BONNIE</b>                   |
| STREET ADDRESS | <b>3689 LOQUAT AVE</b>                   |
| CITY-ST-ZIP    | <b>COCONUT GROVE FL 33133</b>            |
| TITLE          | <b>D</b> <input type="checkbox"/> DELETE |
| NAME           | <b>SMITH, ARTHUR</b>                     |
| STREET ADDRESS | <b>3689 LOQUAT AVE</b>                   |
| CITY-ST-ZIP    | <b>COCONUT GROVE FL 33133</b>            |
| 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

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>700002294787--6</b>  |
| 1.3 STREET ADDRESS | <b>-09/16/97--01083--004</b>                                      |
| 1.4 CITY-ST-ZIP    | <b>****173.75 ****173.75</b>                                      |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 16 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ *10/11/97 305 372-1200*

CR2E034 (4/97)