

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 DEC 17 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 997000106806
 1. Corporation Name
FOCUS ON THE FINDINGS INC.

Principal Place of Business Mailing Address
FOCUS ON FINDINGS INC
9100 Coral Way Suite 7
Miami, FL - 33165-2067

2. Principal Place of Business 2a. Mailing Address
 21 SAME AS ABOVE 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Country 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
December 9, 1997

4. FEL Number 65-0844281 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Orlando Esquivel, 9100
Coral Way, Ste 7
Miami, FL 33165-2067

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling)

12. OFFICERS AND DIRECTORS

TITLE	<u>President/Director</u>	<input type="checkbox"/> DELETE
NAME	<u>Felix Esquivel</u>	
STREET ADDRESS	<u>9100 Coral Way Ste 7 Miami, FL 33165</u>	
CITY-ST-ZIP	<u>Miami FL 33165</u>	
TITLE	<u>Vice President-Director</u>	<input type="checkbox"/> DELETE
NAME	<u>Orlando Esquivel</u>	
STREET ADDRESS	<u>9100 Coral Way Ste 7 Miami, FL 33165</u>	
CITY-ST-ZIP	<u>Miami FL 33165</u>	
TITLE	<u>Secretary/Director</u>	<input type="checkbox"/> DELETE
NAME	<u>Martz + Bechart</u>	
STREET ADDRESS	<u>9100 Coral Way Ste 7 Miami, FL 33165</u>	
CITY-ST-ZIP	<u>Miami FL 33165</u>	
TITLE	<u>Treasurer</u>	<input type="checkbox"/> DELETE
NAME	<u>Dosa Fuentes</u>	
STREET ADDRESS	<u>9100 Coral Way Ste 7 Miami, FL 33165</u>	
CITY-ST-ZIP	<u>Miami FL 33165</u>	
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	
1.3 STREET ADDRESS	<u>000002720800-8</u>
1.4 CITY-ST-ZIP	<u>-12/23/98-01049-009</u>
	<u>****150.00 ****150.00</u>
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 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: Orlando Esquivel Vice-President (305) 225-6517
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)

November 23, 1998.

State of Florida
Department of State,
Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

We received from your department the Dissolution or
Revocation of FOCUS ON THE FINDINGS INC

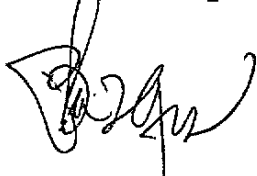
The letter was addressed to 9100 Coral Way, Suite
7, Miami Florida 33165-2067.

We know that each taxpayer should be in control on the
due date, but we do not know if the renewal notice
was mailed to the Resident Agent.

This incorporation was incorporated and from this day
we do not have any business, but we would like that
the corporation will be active.

Please we kindly request from your people to process
the check in the amount of \$ 150, that cover the
annual renewal fee.

Thanks for your cooperation and for the inconvenience,



Juan F. Blazquez
ACCOUNTANT