

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S33147
1. Corporation Name
William Suarez, M.B.A.

W97-20419

Principal Place of Business Mailing Address
7000 S.W. 97 Ave. # 203
Miami, FL 33173

FILED
97 OCT -6 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 96-97

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 SAME AS #1		2a SAME AS #1		02-01-91		1996	
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		27 City & State		65-0248060		Not Applicable	
24 Zip		28 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		29 Country		6. Election Campaign Financing		5.00 May Be Added to Fees	
26 Country		30 Country		Trust Fund Contribution		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				X Yes		No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name Marcarmen Suarez
82 Street Address (P.O. Box Number is Not Acceptable) 7000 SW 97 Ave
83 St. 203
84 City Miami FL 85 Zip Code 33173

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	Change Addition
NAME	William Suarez	1.2 NAME	600002315996-9
STREET ADDRESS	7000 S.W. 97 Ave # 203	1.3 STREET ADDRESS	-10/09/97-01061-010
CITY-ST-ZIP	Miami, FL 33173	1.4 CITY-ST-ZIP	***550.00 ***550.00
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	600002315996-9
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-10/09/97-01061-011
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	***365.00 ***365.00
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: X William Suarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/22/97 (305) 598-5493

CR2F034 (0/06)