

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

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Feb 04 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 # **S74822** (5)
1. Corporation Name
FLAVIAN CORPORATION



Principal Place of Business
**3307 W. MARTIN L. KING, JR., BLVD.
STE. P-7
TAMPA FL 33607
US**

Mailing Address
**3126 HILLSIDE LANE
SUITE P-7
SAFETY HARBOR FL 34895-5335
US**

3. Date Incorporated or Qualified 08/21/1991	3a. Date of Last Report 04/23/1996
4. FEI Number 59-3079776 Same	<input checked="" type="checkbox"/> Applied For <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 3302 W. Martin Luther King Rd	2a. Mailing Address 26 P.O. Box 21248
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State Tampa, FL	27 City & State St. Petersburg, FL 33742
23 Zip 33607 Country US	28 Zip 33742 Country Pinehlo

9. Name and Address of Current Registered Agent
**PEREZ, BENIGNO
3126 HILLSIDE LANE
SUITE P-7
SAFETY HARBOR FL 34895**

10. Name and Address of New Registered Agent	
B1 Name Julie Wu	
B2 Street Address (P.O. Box Number is Not Acceptable) 921 Golf Island Drive	
B3	
B4 City Apollo Beach	B5 Zip Code FL 33572

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 **1/25/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PEREZ, BENIGNO	
STREET ADDRESS 3126 HILLSIDE LANE	
CITY-ST-ZIP SAFETY HARBOR FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PEREZ, CONCEPCION	
STREET ADDRESS 3126 HILLSIDE LANE	
CITY-ST-ZIP SAFETY HARBOR FL	
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 P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Julie Wu	
1.3 STREET ADDRESS 921 Golf Island Drive	
1.4 CITY-ST-ZIP Apollo Beach, FL 33572	
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 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE **1/25/97** (813) 576 8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)