SECONE AMOUNT DU	NOTICE: CORPORATION WILL I E ON OR BEFORE 8/7/96: \$225 (IF DIS	BE DISSOLVED ON OR AFTER	AUGUST 7, 1996.		
CO	PROFIT RPORATION UAL REPORT	FLORIDA DEPAR Sandra H	TMENT OF STATE Mortham y of State		
	1996	DIVISION OF C	ORPORATIONS		
DOCU 1. Corporate	MENT # S7717	' 2 (2)			
FACTO	DRY FINISH, INC.			A TRANSPIR THE ARREST TRANSPIRATION OF THE	Bidis Bidis Bidis Bidis Bidis Bidis Bidis
Principal Place of Business Mailing Address					
18548 U.S. H CLEARWATER	RGHWAY 19 NORTH R FL 34624	18546 U.S. HIGHWAY 19 CLEARWATER FL 34624	NORTH		
				3. Date Incorporated or Qualified 08/29/1991	3a. Date of Last Report 08/22/1995
2. Principal F	Place of Business	2a. Mail ng Address 26		4. FEI Number 59-3084092	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc		5. Cert/ficate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
Zıp	Country	28 Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Added to Fees Ingible tax under s 199.032.
24	9. Name and Address of Curre		30	Florida Statutes 10. Name and Address of New Reg	Yes No
SU CL	546 US 19 N NTE 139 EARWATER FL 34624 to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	83 84 City	press (P.O. Box Number is Not Acceptable	FL 85 Zip Code
	egistered agent or both, in the State in familiar with, and accept the oblig			ion's board of directors. Thereby accept the	ne appointment as registered
	Signature Type 1 or printed name of registered as		Registered Agent's gnature requi	red when relessating)	DATÉ
12.	OFFICERS AF	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	
NAME	VENTURES, U.S.A.	[Dettie	1.1 DIEF 1.2 NAME		Change Addition 8
STREET ADDRESS	ss 18546 US 19 N		1 3 STHEET ADDRESS		034
CITY-ST-ZIP	CLEARWATER FL		14 C'TY - ST - ZIP		Change Addition O
TITLE		DELETE	2 1 TITLE		Change Addition
NAME STREET ADDRESS			2.2 NAME		
CITY-ST-2IP			2 3 STREET ADDRESS 2 4 City - S1 - Zip		
TITLE	W-1111 / MA	DELETE	31106		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4 1 TaTLE		Change Addition
NAME PAREET ARRESTOR			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4 4 CiTY - ST ZIP 5 1 TiTLF		
NAME		DECEN	5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST- ZIP		
TITLE		DELFTE	6 : TITLE		Change Addition
NAME			6.2 NAME		

6 4 City - St - ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

Date:

6.2 NAME

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

IA. Hayett 6/24/96 813-531-1880