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Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V54342 (3)  
1. Corporation Name  
POD INC.



Principal Place of Business: 4105 R LAGUNA ST. CORAL GABLES FL 33146  
Mailing Address: 4105 R LAGUNA ST. CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 07/30/1992  
3a. Date of Last Report: 07/23/1996

2. Principal Place of Business: 21 4107 Laguna St, 22 Suite Apt. # etc., 23 City & State: Coral Gables, FL, 24 Zip: 33146, 25 Country: USA  
2a. Mailing Address: 26 4107 Laguna St., 27 Suite, Apt. #, etc., 28 City & State: Coral Gables, FL, 29 Zip: 33146, 30 Country: USA

4. FEI Number: 65-0354285  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: EVANGELAKIS, THEODYE, 4105 R LAGUNA ST., CORAL GABLES FL 33146  
10. Name and Address of New Registered Agent: 81 Name: Theodore Evangelakis, 82 Street Address (P.O. Box Number is Not Acceptable): 4107 Laguna St., 83, 84 City: Coral Gables FL, 85 Zip Code: 33146

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: Theodore Evangelakis, Theodore Evangelakis / Director, DATE: 4/18/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PSD	NAME: EVANGELAKIS, THEODORE	1.1 TITLE: D	1.2 NAME: Evangelakis, Theodore
STREET ADDRESS: 4105 R LAGUNA ST.	CITY-ST-ZIP: CORAL GABLES FL 33146	1.3 STREET ADDRESS: 4107 Laguna St.	1.4 CITY-ST-ZIP: Coral Gables, FL 33146
TITLE: VTD	NAME: CHIMELIS, RICHARD	2.1 TITLE: D	2.2 NAME: <del>Richard</del> Chimelis, Richard
STREET ADDRESS: 4105 R LAGUNA ST.	CITY-ST-ZIP: CORAL GABLES FL	2.3 STREET ADDRESS: 4107 Laguna St.	2.4 CITY-ST-ZIP: Coral Gables, FL 33146
TITLE:	NAME:	3.1 TITLE: D	3.2 NAME: Curran, Elizabeth
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS: 4107 Laguna St.	3.4 CITY-ST-ZIP: Coral Gables, FL 33146
TITLE:	NAME:	4.1 TITLE: D	4.2 NAME: Curran, Stephen T
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS: 4107 Laguna St.	4.4 CITY-ST-ZIP: Coral Gables, FL 33146
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	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: Theodore Evangelakis, DATE: 4/18/97, Daytime Phone #: 305/442-8060

CR2E034 (9/96)