
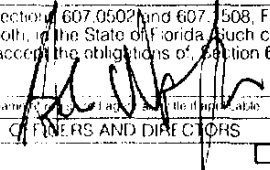
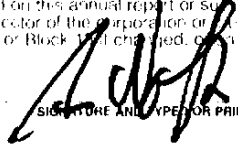


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> V69845 1. Corporation Name <b>FOUNDER ONE, INC.</b>			
Principal Place of Business <b>80 SW Eighth Street 20th Floor Miami, FL 33130</b>		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10-5-92</b>	3a. Date of Last Report <b>1996</b>
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65 0365476</b>	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ALAN WOLFSON 80 SW Eighth Street 20th Floor MIAMI, FL 33130</b>		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83. City		84. Zip Code	
85. State		86. Country	
11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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: <b>3-24-97</b>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <input type="checkbox"/> DELETE <b>DIRECTOR</b>		11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.2 NAME <b>ALAN WOLFSON</b>		12.2 NAME	
12.3 STREET ADDRESS <b>80 SW Eighth Street 20th Floor</b>		13.1 STREET ADDRESS	
12.4 CITY-ST-ZIP <b>MIAMI FL 33130</b>		14.1 CITY-ST-ZIP	
12.5 CITY-STATE-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.6 NAME <input type="checkbox"/> DELETE		2.2 NAME	
12.7 STREET ADDRESS		2.3 STREET ADDRESS	
12.8 CITY-STATE-ZIP		2.4 CITY-ST-ZIP	
12.9 CITY-STATE-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.10 NAME <input type="checkbox"/> DELETE		3.2 NAME	
12.11 STREET ADDRESS		3.3 STREET ADDRESS	
12.12 CITY-STATE-ZIP		3.4 CITY-ST-ZIP	
12.13 CITY-STATE-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.14 NAME <input type="checkbox"/> DELETE		4.2 NAME	
12.15 STREET ADDRESS		4.3 STREET ADDRESS	
12.16 CITY-STATE-ZIP		4.4 CITY-ST-ZIP	
12.17 CITY-STATE-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.18 NAME <input type="checkbox"/> DELETE		5.2 NAME	
12.19 STREET ADDRESS		5.3 STREET ADDRESS	
12.20 CITY-STATE-ZIP		5.4 CITY-ST-ZIP	
12.21 CITY-STATE-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.22 NAME <input type="checkbox"/> DELETE		6.2 NAME	
12.23 STREET ADDRESS		6.3 STREET ADDRESS	
12.24 CITY-STATE-ZIP		6.4 CITY-ST-ZIP	
14. I, the undersigned, 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 disclosed 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 a 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 or both, or in an attachment with an address.			
SIGNATURE: 		3-1-97	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
954 927 7447		Day/Mo/Yr	

CR2E034 (9/96)