

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
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DOCUMENT # V74020

(1)

1. Corporation Name

NEO-PERCEPTIONS, INC.

Principal Place of Business

12207 SW 133 CT  
MIAMI FL 33186

Mailing Address

12207 SW 133 CT  
MIAMI FL 33186

FILED

97 SEP 18 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/21/1992		05/01/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0375845		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

LAINO, MARGARET  
12207 SW 133 CT  
MIAMI FL 33186

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	800002308538 8
84 City	-09/23/97--01025--009
	****165.00 FL

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 607.0605, 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	D	1.1 TITLE	
NAME	LAINO, MARGARET	1.2 NAME	
STREET ADDRESS	12207 SW 133 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

DUPLICATE

9/27/97

9/22/97

12. 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.

Margaret Laino



## Neo-Perceptions, Inc.

12209 SW 133 Court  
Miami, Florida  
(305) 254-0066

(2)

September 12, 1997

Division of Corporation  
Annual Reports Section  
PO Box 1500  
Tallahassee, Florida 32302

Re: Neo-Perceptions, Inc.  
Document V74020 (1)  
Lost Annual Report

As per telephone conversation, please find enclosed a duplicate Corporate Annual Report Filing for Neo-Perceptions, Inc.. As directed I have enclosed an original signature document, issued a replacement check for payment, and a copy of the stop payment request for the original check dated 4/27/97. Thank you for your assistance in this matter.

Very truly yours,

Meg Laino

TO THE COCONUT GROVE BANK  
2701 SO. BAYSHORE DR.  
MIAMI, FLORIDA 33133

STOP PAYMENT ACKNOWLEDGMENT

9/12/97  
DATE OF ORDER

(3)  
012633710  
ACCOUNT NUMBER

Please STOP PAYMENT on my (or our) check drawn on your bank, described as follows:

NO: 1266 DATED: 4/27/97 PAYABLE TO: Dept. of State AMOUNT: \$165.00

REASON:

Lost

DUPLICATE ISSUED? Yes

THIS REQUEST IS MADE WITH THE UNDERSTANDING THAT THE BANK WILL USE REASONABLE PRECAUTION IN TRYING TO LOCATE AND STOP PAYMENT ON SAID CHECK, BUT IN CONSIDERATION OF THE ACCEPTANCE OF THIS REQUEST, IT IS EXPRESSLY AGREED THAT THE BANK WILL IN NO WAY BE LIABLE IN THE EVENT THE CHECK IS PAID, IF PAID THE SAME DAY THE STOP PAYMENT ORDER IS RECEIVED BY THE BANK, OR IF PAID BY OVERSIGHT OR INADVERTENCE OR IF BY REASON OF SUCH PAYMENT OTHER CHECKS DRAWN BY THE UNDERSIGNED ARE RETURNED FOR INSUFFICIENT FUNDS, AND THE UNDERSIGNED FURTHER AGREES TO INDEMNIFY THE BANK AGAINST ALL EXPENSES AND COSTS THAT IT MIGHT INCUR BY REASON OF REFUSING PAYMENT ON SAID CHECK.

3/12/98  
EXPIRATION DATE

IT IS HEREBY AGREED AND UNDERSTOOD THAT THIS ORDER WILL REMAIN IN EFFECT FOR A SIX-MONTH PERIOD UNLESS OTHERWISE DIRECTED AND THE BANK WILL CHARGE \$20.00 FOR EACH SIX-MONTH PERIOD OR PORTION THEREOF THAT THIS ORDER IS IN EFFECT. THE BANK MAY CHARGE MY ACCOUNT WITH THIS AMOUNT.

ORDER RECEIVED BY

IN PERSON

BY LETTER

X Margaret Suro  
SIGNATURE OF MAKER