


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Aug 12 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000000173 (2)**  
 1. Corporation Name  
**K2 PROJECT, INC.**



Principal Place of Business <b>2989 WENTWORTH FT. LAUDERALE FL 33332</b>	Mailing Address <b>2989 WENTWORTH FT. LAUDERALE FL 33332</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/10/1996</b>	3a. Date of Last Report <b>1/10/96</b>
4. FEI Number <b>65-0642995</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 2989 Wentworth</b>	2a. Mailing Address <b>26 2989 Wentworth</b>
Suite, Apt. #, etc. <b>22 N/A</b>	Suite, Apt. #, etc. <b>27 N/A</b>
City & State <b>23 Ft. Lauderdale, FL</b>	City & State <b>28 Ft. Lauderdale, FL</b>
Zip <b>24 33332</b>	Country <b>25 USA</b>
Zip <b>29 33332</b>	Country <b>30 USA</b>

9. Name and Address of Current Registered Agent <b>REISER, RAYMOND A 1 S.E. 3RD AVE., SUITE 1240 MIAMI FL 33131</b>	10. Name and Address of New Registered Agent <b>81 Name Raymond A. Reiser 82 Street Address (P.O. Box Number Is Not Acceptable) 1 S.E. 3rd Ave., Suite 1240 83 84 City Miami, FL 85 Zip Code 33131</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Dec Scott Valdez - President DATE 7/21/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME	<b>Dec Scott Valdez (D)</b>	
STREET ADDRESS	1.3 STREET ADDRESS	<b>2989 Wentworth</b>	
CITY-ST-ZIP	1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33332</b>	
TITLE <input type="checkbox"/> DELETE	2.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2.2 NAME	<b>Peter Shaw (D)</b>	
STREET ADDRESS	2.3 STREET ADDRESS	<b>327 Lakecrest CRT.</b>	
CITY-ST-ZIP	2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33326</b>	
TITLE <input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3.2 NAME	<b>Melanie Sumpter (D)</b>	
STREET ADDRESS	3.3 STREET ADDRESS	<b>1133 Fairlake Trace Apt. 2005</b>	
CITY-ST-ZIP	3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33326</b>	
TITLE <input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Dec Scott Valdez - President DATE 7/21/97

SIGNATURE REQUIRED Dec Scott Valdez - President

CR2E037 (4/97)