

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

FILED
Jun 09 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 # 207465 (6)
1. Corporation Name
40 salamanca

Principal Place of Business: 4001 NW 5 ST MIAMI FL 33126 US
Mailing Address: P O BOX 3538 HIALEAH FL 33013-0538 US

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	59-1434337	05/01/1996
22. City & State	27. City & State	5. Certificate of Status Desired	Applied For Not Applicable
23. Zip Country	28. Zip Country	<input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip	25. Country	29. Zip	30. Country
			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
			\$5.00 May Be Added to Fees
			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. Name and Address of Current Registered Agent
NUNEZ, LUZMARY
4001 NW 5 ST
MIAMI FL 33126

10. Name and Address of New Registered Agent

81. Name	LUZMARY NUNEZ
82. Street Address (P.O. Box Number is Not Acceptable)	4001 N.W. 5 ST
83.	
84. City	MIAMI
85. Zip Code	FL 33126

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: *Patricia Jesselli* LUZMARY NUNEZ
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 4/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA Jesselli	1.2 NAME	
STREET ADDRESS	40 salamanca Apt 11	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL Gables FL 33134	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rich D'Connell	2.2 NAME	
STREET ADDRESS	40 salamanca # 11	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL Gables FL 33134	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard K. Ownen	3.2 NAME	
STREET ADDRESS	40 salamanca # 9	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL Gables FL 33134	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA Jesselli	4.2 NAME	
STREET ADDRESS	40 salamanca # 11	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL Gables FL 33134	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	200002211152
STREET ADDRESS		5.3 STREET ADDRESS	-06/13/97--01014--021
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***165.00
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	CS
STREET ADDRESS		6.3 STREET ADDRESS	6/19/97
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 this 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 applicable, in an attachment with an address.

SIGNATURE: *Patricia Jesselli* PATRICIA Jesselli
Signature typed or printed name of signing officer or director
Date: 4/1/97
Daytime Phone #: 541-1215