

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **516423** (1)

1. Corporation Name
SANDHILLS CORPORATION



Principal Place of Business Mailing Address
**155 OCEAN LANE DRIVE
APARTMENT 1001-W
KEY BISCAVAYNE FL 33149**

3. Date Incorporated or Qualified **10/14/1976** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-1694147** Applied For
Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**GUSTAVO LOPEZ-MUNOZ
155 OCEAN LANE DR. #1001-W
KEY BISCAVAYNE FL 33149**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOPEZ-MUNOZ, GUSTAVO	
STREET ADDRESS	155 OCEAN LANE DRIVE	
CITY - ST - ZIP	KEY BISCAVAYNE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOPEZ-MUNOZ, MARIA ROSA	
STREET ADDRESS	155 OCEAN LN DR	
CITY - ST - ZIP	KEY BISCAVAYNE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUIZ, EMILIO GOMEZ	
STREET ADDRESS	D-28 PAR.-DE SAN IGNARIO	
CITY - ST - ZIP	RIO PIEDRAS PR	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DE GONGORA, ROBERTO	
STREET ADDRESS	9034 S.W. 6TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARTINEZ, MARIA E.	
STREET ADDRESS	13341 S.W. 2ND TERR.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gustavo Lopez-Munoz* President April 27, 1996 ³⁰⁵ 361-3977
Sandra B. Morhart, Secretary of State

CR2E034 (12/95)