

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 516423 (1)
 1. Corporation Name
SANDHILLS CORPORATION



97 JUL 23 10 14 20
 SOCIAL SECURITY OFFICE
 2211 N. W. 11th Ave

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21. Suite, Apt #, etc.
 22. City & State
 23. Zip
 24. Country
 25. Country

3. Date incorporated or Qualified: **10/14/1976**
 3a. Date of Last Report: **05/01/1996**
 4. FET Number: **59-1694147**
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LOPEZ-MUNOZ, GUSTAVO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-MUNOZ, GUSTAVO	1.2 NAME	
STREET ADDRESS	155 OCEAN LANE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVAYNE FL	1.4 CITY-ST-ZIP	
TITLE	SD LOPEZ-MUNOZ, MARIA ROSA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-MUNOZ, MARIA ROSA	2.2 NAME	
STREET ADDRESS	155 OCEAN LN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVAYNE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D RUIZ, EMILIO GOMEZ	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, EMILIO GOMEZ	3.2 NAME	
STREET ADDRESS	D-28 PAR-DE SAN IGNARIO	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIO PIEDRAS PR	3.4 CITY-ST-ZIP	
TITLE	VD DE GONGORA, ROBERTO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE GONGORA, ROBERTO	4.2 NAME	
STREET ADDRESS	9034 S.W. 8TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD MARTINEZ, MARIA E.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MARIA E.	5.2 NAME	
STREET ADDRESS	13341 S.W. 2ND TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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	

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 *****165.00 *****165.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)