

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 624392 (7)

1. Corporation Name
PORTOFINO III, INC.



Principal Place of Business: **C/O LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131**
Mailing Address: **C/O LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131**

3. Date Incorporated or Qualified: **06/22/1979**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-1928639**
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 **FOREIGN SHAREHOLDER**
10. Name and Address of New Registered Agent

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
9. Name and Address of Current Registered Agent: **LERMAN, ISIDORO LERMAN AND LERMAN, P.A. 48 EAST FLAGLER STREET, PENTHOUSE 101 MIAMI FL 33131**

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 607.0602 and 607.1504, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ZAROR, FUAD | |
| STREET ADDRESS | 48 E. FLAGLER ST. #101 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | ANANIAS, E. | |
| STREET ADDRESS | 48 E. FLAGLER ST. #101 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | LERMAN, ISIDORO | |
| STREET ADDRESS | 48 E. FLAGLER ST. #101 | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 3. STREET ADDRESS | |
| 4. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 7. STREET ADDRESS | |
| 8. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME | |
| 11. STREET ADDRESS | |
| 12. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME | |
| 15. STREET ADDRESS | |
| 16. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME | |
| 19. STREET ADDRESS | |
| 20. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 amendment or supplement 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 register 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. See on an attachment with this address.

SIGNATURE: Isidoro Lerman 3/26/96 305 373 6541
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Isidoro Lerman Secretary

CR2E034 (12/95)