

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

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 688566 (9)

1. Corporation Name
CUENCA COMPANIES LIMITED, INC.



Principal Place of Business 290 NW 165 ST (CHAMBER RD) PENTHOUSE 5 MIAMI FL 33169	Mailing Address 290 NW 165 ST (CHAMBER RD) PENTHOUSE 5 MIAMI FL 33169
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3. Date Incorporated or Qualified 09/23/1980	3a. Date of Last Report 04/16/1996
4. FEI Number 59-2034025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**CUENCA, SAMUEL
 325 CENTER ISLAND
 GOLDEN BEACH FL 33160**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CUENCA, SAM	
STREET ADDRESS	325 CENTER ISLAND	
CITY-ST-ZIP	GOLDEN BCH FL	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	CUENCA, JUDY	
STREET ADDRESS	325 CENTER ISLAND	
CITY-ST-ZIP	GOLDEN BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CUENCA, SHARI	
STREET ADDRESS	325 CENTER ISLAND	
CITY-ST-ZIP	GOLDEN BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	SVD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BAKER, SAM	
1.3 STREET ADDRESS	214 MAPLE ST	
1.4 CITY-ST-ZIP	ISLIP, N.Y.	
2.1 TITLE	SVD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CUENCA, JUDY	
2.3 STREET ADDRESS	325 CENTER ISLAND	
2.4 CITY-ST-ZIP	GOLDEN BCH FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **4/30/97 (205) 932-0036**

CR2E034 (9/96)