

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003451 (0)
1. Corporation Name

GENERAL SPANISH CONSORTIUM, INC.



Principal Place of Business: **80 SW 8TH ST., STE 2000 MIAMI FL 33130**
Mailing Address: **80 SW 8TH ST., STE 2000 MIAMI FL 33130**

3. Date Incorporated or Qualified: **07/18/1995**
3a. Date of Last Report
4. FEI Number: **APPLIED FOR 65-0596328**
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. 193.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
AGRAMUNT, LUIS
80 SW 8TH ST., STE 2000
MIAMI FL 33130

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature (typed or printed name of registered agent and title if applicable) _____ (Title)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GARRIDO, JOSE M	
STREET ADDRESS	PLAZA SANTO DOMINGO, 13, 3	
CITY - ST - ZIP	30008 MURCIA SPAIN	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GARRE, ALFONSO	
STREET ADDRESS	PLAZA SANTO DOMINGO, 13, 3	
CITY - ST - ZIP	30008 MURCIA SPAIN	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	AGULLAR, GERARDO	
STREET ADDRESS	PLAZA SANTO DOMINGO, 13, 3	
CITY - ST - ZIP	30008 MURCIA SPAIN	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RODILES, CARLOS	
STREET ADDRESS	PLAZA SANTO DOMINGO, 13, 3	
CITY - ST - ZIP	30008 MURCIA SPAIN	
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

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	D, VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	ANTONIO GARRE-ALCARAZ	
53 STREET ADDRESS	PLAZA SANTO DOMINGO, 13, 3	
54 CITY - ST - ZIP	30008 MURCIA, SPAIN	
61 TITLE	D, VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	ISHAEL GONZALEZ	
63 STREET ADDRESS	PLAZA SANTO DOMINGO, 13, 3	
64 CITY - ST - ZIP	30008 MURCIA, SPAIN	

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

SIGNATURE: Jose M. Garrido **JOSE M. GARRIDO, PRES.** **09/07/96** (305) 373-5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)