

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR 28 AM 11:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F96000004032 (6)**

1. Corporation Name
CONSOLIDATED DEVELOPMENT CORPORATION



Principal Place of Business: **19 WEST FLAGLER STREET, STE 414 MIAMI FL 33130**
Mailing Address: **19 WEST FLAGLER STREET, STE 414 MIAMI FL 33130-4404**

3. Date Incorporated or Qualified 08/07/1996	3a. Date of Last Report
4. FEI Number 59-1089768	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 checked="" 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 METSCH, LAWRENCE R 19 WEST FLAGLER STREET, STE 416 BISCAYNE BLDG. 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) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRICHTON, JACK	1.2 NAME	700002156347--6
STREET ADDRESS	10830 N CENTRAL EXPWY, STE 175	1.3 STREET ADDRESS	-04/28/97--01041--040
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DPST <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, CLARENCE W	2.2 NAME	ALBERTO DIAZ MASVIDAL
STREET ADDRESS	910 17TH STREET, N.W., STE 175	2.3 STREET ADDRESS	19 West Flagler Street, Suite 416
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	Miami, Florida 33130
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DV/S and V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Lawrence R. Metsch
STREET ADDRESS		3.3 STREET ADDRESS	19 West Flagler Street, Suite 416
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, Florida 33130
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: **4/24/97** (305) 358-7773

CR2E034 (9/96)