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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G01015** (8)
1. Corporation Name
FUCAL, INC.



Principal Place of Business: **777 BRICKELL AVENUE, 5TH FLOOR MIAMI FL 33131 US**
Mailing Address: **777 BRICKELL AVENUE, 5TH FLOOR MIAMI FL 33131-2807 US**

3. Date Incorporated or Qualified: **09/16/1982**
3a. Date of Last Report: **07/24/1996**
4. FEI Number: **59-2448383**
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. 199.03?, Florida Statutes: Yes No

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

g. Name and Address of Current Registered Agent
**CANTOR, STEVEN L
777 BRICKELL AVENUE, 5TH FLOOR.
ONE BISCAYNE TOWER, S3750
MIAMI FL 33131**

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
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 resigning)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

1.1	PD SUARE, ANTONIO J 777 BRICKELL AVENUE, 5TH FLOOR MIAMI FL	<input type="checkbox"/> DELETE
1.2	D SUARE, LEONOR M 777 BRICKELL AVENUE, 5TH FLOOR. MIAMI FL	<input type="checkbox"/> DELETE
1.3		<input type="checkbox"/> DELETE
1.4		<input type="checkbox"/> DELETE
1.5		<input type="checkbox"/> DELETE
1.6		<input type="checkbox"/> DELETE
1.7		<input type="checkbox"/> DELETE
1.8		<input type="checkbox"/> DELETE
1.9		<input type="checkbox"/> DELETE
1.10		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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 reported 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: *[Signature]* *[Signature]* **Feb. 20, 1997** **963-2839**
Date Day and Time
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)