

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR - 4 AM 10: 57

DOCUMENT # G10788 (9)

1. Corporation Name
BALCAS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
JOHN C. MAINE 8390 N.W. 53RD STREET, SUITE 102 MIAMI FL 33166 US	JOHN C. MAINE 8390 N.W. 53RD STREET, SUITE 102 MIAMI FL 33166 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1982	3a. Date of Last Report 03/18/1994
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26 4536 N. University Dr	59-2245668	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27 Lauderhill, Florida	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	28
23	28	29	30
Zip	Country	Zip	Country
24	25	29 33351	30 Brwd

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
MAINE JR ESQ, JOHN C 8390 N.W. 53RD STREET, SUITE 102 2ND FLOOR MIAMI 33166	<table border="1"> <tr> <td>B1 Name</td> <td>B5 Zip Code</td> </tr> <tr> <td>B2 Street Address (P.O. Box Number is Not Acceptable)</td> <td>FL</td> </tr> <tr> <td>B3</td> <td></td> </tr> <tr> <td>B4 City</td> <td></td> </tr> </table>	B1 Name	B5 Zip Code	B2 Street Address (P.O. Box Number is Not Acceptable)	FL	B3		B4 City	
B1 Name	B5 Zip Code								
B2 Street Address (P.O. Box Number is Not Acceptable)	FL								
B3									
B4 City									

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 _____
Signature: typed or printed name of registered agent and the 4 applicable: (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALAVOINE, JEAN RENE	2. NAME	
STREET ADDRESS	1709 CHASE POINT CIR.222	3. STREET ADDRESS	
CITY, ST, ZIP	VIRGINIA BCH. VA	4. CITY, ST, ZIP	
TITLE	ASD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALAVOINE, PHILIPPE	2.2 NAME	
STREET ADDRESS	1709 CHASE POINT CIR.222	2.3 STREET ADDRESS	
CITY, ST, ZIP	VIRGINIA BCH. VA	2.4 CITY, ST, ZIP	
NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		3.2 NAME	
CITY, ST, ZIP		3.3 STREET ADDRESS	
TITLE		3.4 CITY, ST, ZIP	
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY, ST, ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY, ST, ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		6.3 STREET ADDRESS	
		6.4 CITY, ST, ZIP	

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 110.07(3)(b), 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: _____
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR