

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:49

DOCUMENT # **G62731** (6)
1. Corporation Name
CEBAU CORPORATION

Principal Place of Business Mailing Address
444 BRICKELL AVE. SUITE 51-246 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 **One Biscayne Tower** 26 **One Biscayne Tower**
22 **2 South Biscayne Blvd. Suite Apt. #, etc. Drawer # 113729** 27 **2 So. Biscayne Blvd. Suite Apt. #, etc. Drawer 113729**
23 **Miami, Florida** 28 **Miami, Florida**
24 **33111-3729 U.S.A.** 29 **33111-3729** 30 **U.S.A.**

3. Date Incorporated or Qualified **09/20/1983** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2646587** 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. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**IBC FIDUCIARY, INC.
100 S E SECOND ST
2315-A
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 **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 consulting)

12. OFFICERS AND DIRECTORS

TITLE	VPS
NAME	SMEDA, LUCIUS
STREET ADDRESS	444 BRICKELL AVE #51-246
CITY - ST - ZIP	MIAMI FL
TITLE	PD
NAME	AUBEGG, MICHEL
STREET ADDRESS	444 BRICKELL AVE #51-246
CITY - ST - ZIP	MIAMI FL
TITLE	AE
NAME	MAXFIELD, P
STREET ADDRESS	444 BRICKELL AVE #51-246
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KANSY, J.P.
1.3 STREET ADDRESS	2 So. Biscayne Blvd./Drawer 113729
1.4 CITY - ST - ZIP	Miami, FL 33111-3729
2.1 TITLE	V/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AUBEGG, MICHEL
2.3 STREET ADDRESS	444 BRICKELL AVE #51-246
2.4 CITY - ST - ZIP	MIAMI, FL 33131
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAXFIELD, P
3.3 STREET ADDRESS	444 Brickell Ave. #51-246
3.4 CITY - ST - ZIP	Miami, FL 33131
4.1 TITLE	A/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CARBAYO, E.
4.3 STREET ADDRESS	2 So. Biscayne Blvd./Drawer 113729
4.4 CITY - ST - ZIP	Miami, FL 33111-3729
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(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
J. KANSY

1-25-95 (305-358-4441)
Date Telephone Number