

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

FILED

Feb 17 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 # H96622

(6)

1. Corporation Name
EQUIFLOR CORPORATION

Principal Place of Business
C/O MICHAEL A. RUBIN
420 S. DIXIE HIGHWAY, SUITE #4B
CORAL GABLES FL 33146

Mailing Address
C/O MICHAEL A. RUBIN
420 S. DIXIE HIGHWAY, SUITE #4B
CORAL GABLES FL 33146-2291



3. Date Incorporated or Qualified 01/30/1986
3a. Date of Last Report 04/08/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2703775	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RUBIN, MICHAEL A.
420 S. DIXIE HIGHWAY
SUITE #4B
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	GIORGINI, VICTOR R	1.2 NAME	
STREET ADDRESS	4405 NW 97TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	
NAME	SARANDES, ANTHONY	2.2 NAME	
STREET ADDRESS	4405 NW 97TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	JANICE L. GIACOBBAZZI	3.2 NAME	JANICE L. GIACOBBAZZI
STREET ADDRESS	4405 NW 97TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	
NAME	MARRERO, RAUL	4.2 NAME	
STREET ADDRESS	4405 N.W. 97TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	MICHAEL A. RUBIN	5.2 NAME	
STREET ADDRESS	4405 N.W. 97TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	TRUJILLO, NICOLAS F	6.2 NAME	
STREET ADDRESS	4405 NW 97TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33178	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 607.0505, 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 has 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: 1/97 (352) 237-1870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ANTHONY SARANDES

CR2E034 (9/96)