

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

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**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
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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
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3. Date Incorporated or Qualified 01/30/1986	3a. Date of Last Report 04/08/1996
4. FEI Number 59-2703775	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 checked="" type="checkbox"/> Yes <input 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 Country	28 Zip Country
24	29
25	30

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	
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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	GIORGINI, VICTOR R	
STREET ADDRESS	4405 NW 97TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	SARANDES, ANTHONY	
STREET ADDRESS	4405 NW 97TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JANICE L. GIACOBBAZZI	
STREET ADDRESS	4405 NW 97TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARRERO, RAUL	
STREET ADDRESS	4405 N.W. 97TH AVE.	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MICHAEL A. RUBIN	
STREET ADDRESS	4405 N.W. 97TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TRUJILLO, NICOLAS F	
STREET ADDRESS	4405 NW 97TH AVE	
CITY-ST-ZIP	MIAMI FL 33178	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JANICE L. GIACOBBAZZI
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 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**

CR2E034 (9/96)