

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 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 # **L27807** (1)
1. Corporation Name
CITCO CORPORATE SERVICES, INC.



Principal Place of Business
**701 BRICKELL AVE
SUITE 2620
MIAMI FL 33131**

Mailing Address
**701 BRICKELL AVE
SUITE 2620
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 701 BRICKELL AVENUE	26 701 BRICKELL AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1270	27 1270
City & State	City & State
23 MIAMI, FLORIDA	28 MIAMI, FLORIDA
Zip	Zip
24 33131	29 33131
Country	Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified 10/30/1989	3a. Date of Last Report 04/30/1996
4. FEI Number 65-0201189	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BROWN, LEWIS N.
2 BISCAYNE BLVD
OEN BISCAYNE TOWER, 15TH FLOOR
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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POULSEN, RONALD	1.2 NAME	Seibald, Marcia
STREET ADDRESS	701 BRICKELL AVE. SUITE 2620	1.3 STREET ADDRESS	701 Brickell Ave. Suite 2620
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Fla. 33131
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director/Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMEETS, CHRISTOPHER	2.2 NAME	De Langen, Hans
STREET ADDRESS	701 BRICKELL AVE. SUITE 2620	2.3 STREET ADDRESS	701 Brickell Ave. Suite 2620
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fla. 33131
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUNING, MARK A.M.	3.2 NAME	Bruning, Mark A.M.
STREET ADDRESS	701 BRICKELL AVE. SUITE 2620	3.3 STREET ADDRESS	701 Brickell Ave. Suite 2620
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fla. 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ameng-Torres, Lazara
STREET ADDRESS		4.3 STREET ADDRESS	701 Brickell Ave. Suite 2620
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, Fla. 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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: _____ REQUIRED

CR2E034 (4/97)