

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

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97 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M60741 (9)
1. Corporation Name
ISLAS CANARIS SOUTH, INC.



Principal Place of Business 2300 CORAL WAY MIAMI FL 33145	Mailing Address 2300 CORAL WAY MIAMI FL 33145-3511
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3. Date Incorporated or Qualified 10/14/1987	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 2300 CORAL WAY Suite, Apt. #, etc. 22 # 200 City & State 23 MIAMI FLORIDA Zip 24 33145	2a. Mailing Address 26 2300 CORAL WAY Suite, Apt. #, etc. 27 # 200 City & State 28 MIAMI FLORIDA Zip 29 33145	Country 25 US	Country 30 US	4. FEI Number 65-0011476 Applied For 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 type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY #200 MIAMI FL 33145	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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]* **AMADA CANTERA LOPEZ, PRES** **4/23/97**
Signature of officer or director of corporation and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ANDRADE, LUIS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDRADE, LUIS	1.2 NAME	
STREET ADDRESS	1036 SW 1ST ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33130	1.4 CITY - ST - ZIP	
TITLE	ST ANDRADE, NANCY <input type="checkbox"/> DELETE	2.1 TITLE	100002168501 <input type="checkbox"/> Addition
NAME	ANDRADE, NANCY	2.2 NAME	-05/06/97--01133--009
STREET ADDRESS	1036 SW 1ST ST.	2.3 STREET ADDRESS	****165.00 ****165.00
CITY - ST - ZIP	MIAMI FL 33130	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
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: *[Signature]* **LUIS ANDRADE - PRES.** **4/23/97**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0203186

CR2E034 (9/96)