FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **M95258** **(3)**

1. Corporation Name

CHARADE PROPERTIES, INC.

Principal Place of Business
8849 NW 107 STREET
HIALEAH GARDENS FL 33016
US

Mailing Address
8849 NW 107 STREET
HIALEAH GARDENS FL 33016
US

2. Principal Place of Business
21 115 Madeira Avenue
Suite, Apt. #, etc.
22
City & State
23 Coral Gables, Florida
Zip 24 33134 Country 25 US

2a. Mailing Address
26 115 Madeira Avenue
Suite, Apt. #, etc.
27
City & State
28 Coral Gables, Florida
Zip 29 33134 Country 30

3. Date Incorporated or Qualified: 08/22/1988
3a. Date of Last Report: 04/10/1995
4. FEI Number: 98-0064289 [ ] 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**

ARAZOZA, CARLOS F.
101 MADEIRA AVENUE
CORAL GABLES FL 33134

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 ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	[ ] DELETE
NAME	CELA, JORGE CUSCO	
STREET ADDRESS	101 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DP	[ ] DELETE
NAME	CELA, RICARDO CUSCO	
STREET ADDRESS	101 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DT	[ ] DELETE
NAME	CELA, EDUARDO CUSCO	
STREET ADDRESS	101 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DS	[ ] DELETE
NAME	CELA, ENRIQUE CUSCO	
STREET ADDRESS	101 MADEIRA AVENUE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		[ ] Change [ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		[ ] Change [ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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(3)(k), 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) 4-1-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)