


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51329 (3)**  
 1. Corporation Name  
**STO. NINO SHRINE USA, INC.**



Principal Place of Business <b>4515 W. HANNA AVENUE TAMPA FL 33614</b>	Mailing Address <b>4515 W. HANNA AVENUE TAMPA FL 33614-3606</b>
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3. Date Incorporated or Qualified <b>10/19/1992</b>	3a. Date of Last Report <b>02/09/1996</b>
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number <b>59-3144379</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DE LA CRUZ, NILDA G.  
 547 TALLAHASSEE DRIVE, NE  
 ST. PETERSBURG FL 33702**

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BILBAO, EDGARDO A.</b>
STREET ADDRESS	<b>4515 W. HANNA AVE</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DOMPOR, FATIMA REGENCI</b>
STREET ADDRESS	<b>2001 E. HILLSBOROUGH AVE.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DEL LA CRUZ, NILDA G.</b>
STREET ADDRESS	<b>547 TALLAHASSEE DR NE</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MOSQUERA, BENJAMIN P.</b>
STREET ADDRESS	<b>681 BAY LAUREL CT</b>
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RAFFINAN, JOSE</b>
STREET ADDRESS	<b>2625 WESTVIEW CT</b>
CITY - ST - ZIP	<b>CLEARWATER FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Regencia Dompur 5/11/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)