

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000005262 (1)
1. Corporation Name

JUEGOS DEL ARTE, U.S.A., INC.



Principal Place of Business: 1110 BRICKELL AVE. STE. 810 MIAMI FL 33139
Mailing Address: 1110 BRICKELL AVE. STE. 810 MIAMI FL 33139

3. Date Incorporated or Qualified: 11/22/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0467255
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

LABRADA, IVONNE M
45 STAR ISLAND
MIAMI BEACH FL 33139

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (Signature, typed or printed name of registered agent and title if applicable) (NOCL Registered Agent signature required when transferring) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: DOMINGUEZ-BARTLEY, ELENA	11 TITLE: Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 120 WILBUR ROAD	CITY-ST-ZIP: BERGENFIELD NJ 07621	12 NAME: Sean Velez de LABRADA	
TITLE: VPD	NAME: IVONNE LABRADA	13 STREET ADDRESS: 45 Star Island	
STREET ADDRESS: 45 STAR ISLAND	CITY-ST-ZIP: MIAMI BEACH FL 33139	14 CITY-ST-ZIP: Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: MERCEDES, SELCK	21 TITLE: VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2520 S.W. 99 CT.	CITY-ST-ZIP: MIAMI FL 33165	22 NAME: VP/D	
TITLE: (DELETED)	NAME: (DELETED)	23 STREET ADDRESS: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	24 CITY-ST-ZIP: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	31 TITLE: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	32 NAME: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	33 STREET ADDRESS: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	34 CITY-ST-ZIP: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	41 TITLE: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	42 NAME: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	43 STREET ADDRESS: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	44 CITY-ST-ZIP: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	51 TITLE: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	52 NAME: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	53 STREET ADDRESS: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	54 CITY-ST-ZIP: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	61 TITLE: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	62 NAME: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	63 STREET ADDRESS: (DELETED)	
TITLE: (DELETED)	NAME: (DELETED)	64 CITY-ST-ZIP: (DELETED)	

100001792081
-04/24/96--01018--001
***61.25

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ivonne Labrada* Ivonne Labrada 4/17/96 (305) 532-3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E037 (12/95)