

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000002712 (7)
1. Corporation Name
3080 S.W. CORP.



Principal Place of Business
**4028 PONCE DE LEON BLVD
CORAL GABLES FL 33186
US**

Mailing Address
**701 BRICKELL AVE.
STE. 3150
MIAMI FL 33131
US**

3. Date Incorporated or Qualified **11/06/1992** 3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0368699** 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

2. Principal Place of Business
21 Suits, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suits, Apt. #, etc.
27 City & State
28 Zip Country
29

9. Name and Address of Current Registered Agent
**GEIGER, LAURA
C/O CNC GROUP
701 BRICKELL AVE., SUITE 3150
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 607.1503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: P COLOMBO, UGO	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.1 STREET ADDRESS: 701 BRICKELL AVE., STE 3150		12 NAME	
12.1 CITY-STATE-ZIP: MIAMI FL		13 STREET ADDRESS	
12.2 NAME: V MURPHY, ARTHUR J	<input type="checkbox"/> DELETE	14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: 701 BRICKELL AVE., STE. 3150		21 TITLE	
12.2 CITY-STATE-ZIP: MIAMI FL		22 NAME	
12.3 NAME: ST RIDENHOUR, ESTHER F	<input type="checkbox"/> DELETE	23 STREET ADDRESS	
12.3 STREET ADDRESS: 701 BRICKELL AVE., STE. 3150		24 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY-STATE-ZIP: MIAMI FL		31 TITLE	
12.4 NAME:	<input type="checkbox"/> DELETE	32 NAME	
12.4 STREET ADDRESS:		33 STREET ADDRESS	
12.4 CITY-STATE-ZIP:		34 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:	<input type="checkbox"/> DELETE	41 TITLE	
12.5 STREET ADDRESS:		42 NAME	
12.5 CITY-STATE-ZIP:		43 STREET ADDRESS	
12.6 NAME:	<input type="checkbox"/> DELETE	44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS:		51 TITLE	
12.6 CITY-STATE-ZIP:		52 NAME	
12.7 NAME:	<input type="checkbox"/> DELETE	53 STREET ADDRESS	
12.7 STREET ADDRESS:		54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 CITY-STATE-ZIP:		61 TITLE	
12.8 NAME:	<input type="checkbox"/> DELETE	62 NAME	
12.8 STREET ADDRESS:		63 STREET ADDRESS	
12.8 CITY-STATE-ZIP:		64 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: *Arthur J. Ridenhour* 3-7-96 305-372-0550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)