

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000004001 (2)

1. Corporation Name
SERENA COVE HOLDINGS, INC.

O.I.L.S.G.

Principal Place of Business: **1221 BRICKELL AVENUE SUITE 1800 MIAMI, FL 33131**
Mailing Address: **1221 BRICKELL AVENUE SUITE 1800 MIAMI, FL 33131**

3. Date Incorporated or Qualified: **1/12/1993**
3a. Date of Last Report: **APRIL 30, 1995**

2. Principal Place of Business (21-24)
2a. Mailing Address (25-29)
22. Suite, Apt. #, etc.
23. City & State
24. Zip
25. Country

4. FEI Number: **65-0382288**
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. 190.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**LUIS PARAJON
c/o 1221 BRICKELL AVENUE
SUITE 1800
MIAMI, FL 33131**

10. Name and Address of New Registered Agent
81. Name: **LUIS PARAJON**
82. Street Address (P.O. Box Number is Not Acceptable): **c/o 1221 BRICKELL AVENUE STE. 1800**
83. City: **MIAMI**
84. State: **FL**
85. Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0503 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: *Luis Parajon VP* DATE: **4/26/96**

12. OFFICERS AND DIRECTORS

TITLE	D/ P	<input type="checkbox"/> DELETE
NAME	EDWARD FARAH	
STREET ADDRESS	c/o 1221 BRICKELL AV. STE. 1800	
CITY- ST- ZIP	MIAMI, FL 33131	
TITLE	D /TRE	<input type="checkbox"/> DELETE
NAME	LUIS PARAJON	
STREET ADDRESS	c/o 1221 BRICKELL AV, STE. 1800	
CITY- ST- ZIP	MIAMI, FL 33131	
TITLE	D /VP	<input type="checkbox"/> DELETE
NAME	RASHIDA MAMUJEE	
STREET ADDRESS	c/o 1221 BRICKELL AV. STE. 1800	
CITY- ST- ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT HONIBALL	
STREET ADDRESS	c/o 1221 BRICKELL AV. STE, 1800	
CITY- ST- ZIP	MIAMI, FL 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALWIN POON TIP	
STREET ADDRESS	c/o 1221 BRICKELL AV. STE. 1800	
CITY- ST- ZIP	MIAMI, FL 33131	
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	700001830467
4.4 CITY- ST- ZIP	-05/20/96--01073--036
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	***208.75
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JUAN FELIX HUARTE
6.3 STREET ADDRESS	c/o 1221 BRICKELL AVE. STE. 1800
6.4 CITY- ST- ZIP	MIAMI, FL 33131

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: *Luis Parajon VP* DATE: **4/26/96** (305) 372-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

SG 5-1-96