

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

PROFIT 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 # P93000004001 (2)**  
 1. Corporation Name  
**SERENA COVE HOLDINGS, INC.**



Principal Place of Business <b>1221 BRICKELL AVENUE SUITE 1800 MIAMI FL 33131 US</b>	Mailing Address <b>1221 BRICKELL AVENUE #1800 MIAMI FL 33131-3280</b>
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3. Date Incorporated or Qualified <b>01/12/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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21. Principal Place of Business <b>8255 SW 152 AVE.</b>	26. Mailing Address <b>8255 SW 152 AVE.</b>
22. Suite, Apt. #, etc. <b>#101</b>	27. Suite, Apt. #, etc. <b>#101</b>
23. City & State <b>MIAMI FL</b>	28. City & State <b>MIAMI FL</b>
24. Zip <b>33193</b>	29. Zip <b>33193</b>
25. Country <b>DADE/USA</b>	30. Country <b>USA</b>

4. FEI Number <b>65-0382288</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 <b>PARAJON, LUIS 1221 BRICKELL AVENUE SUITE 1800 MIAMI FL 33131</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>PARAJON, LUIS</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>8255 SW 152 AVENUE. #101</b>	
83 <b>MIAMI</b>	
84 City <b>MIAMI</b>	85 Zip Code <b>FL 33193</b>

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: *Luis Parajon VP* **LUIS PARAJON** 4/15/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>FARAH, EDWARD</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>2121 S.W. 3RD AVENUE</b>	CITY - ST - ZIP <b>MIAMI FL 33129</b>	1.2 NAME	1.3 STREET ADDRESS <b>c/o 8255 SW 152 AVE. #101</b>
TITLE <input type="checkbox"/> DELETE	NAME <b>LUIS PARAJON</b>	1.4 CITY - ST - ZIP <b>MIAMI FL 33193</b>	ADDRESS
STREET ADDRESS <b>C/O 1221 BRICKELL AVENUE #1800</b>	CITY - ST - ZIP <b>MIAMI FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME <b>RASHIDA MAMUJEE</b>	2.2 NAME	2.3 STREET ADDRESS <b>c/o 8255 SW 152 AVE. #101</b>
STREET ADDRESS <b>C/O 1221 BRICKELL AVENUE #1800</b>	CITY - ST - ZIP <b>MIAMI FL</b>	2.4 CITY - ST - ZIP <b>MIAMI, FL 33193</b>	
TITLE <input type="checkbox"/> DELETE	NAME <b>HONIBALL, ROBERT</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>C/O 1221 BRICKELL AVENUE #1800</b>	CITY - ST - ZIP <b>MIAMI FL</b>	3.2 NAME	3.3 STREET ADDRESS <b>c/o 8255 SW 152 AVE. #101</b>
TITLE <input type="checkbox"/> DELETE	NAME <b>ALWIN POON TIP</b>	3.4 CITY - ST - ZIP <b>MIAMI, FL 33193</b>	
STREET ADDRESS <b>C/O 1221 BRICKELL AVENUE #1800</b>	CITY - ST - ZIP <b>MIAMI FL</b>	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> DELETE	NAME <b>HUARTE, JUAN F</b>	4.2 NAME	4.3 STREET ADDRESS <b>c/o 8255 SW 152 AVE. #101</b>
STREET ADDRESS <b>C/O 1221 BRICKELL AVENUE #1800</b>	CITY - ST - ZIP <b>MIAMI FL</b>	4.4 CITY - ST - ZIP <b>MIAMI, FL 33193</b>	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	5.2 NAME	5.3 STREET ADDRESS <b>c/o 8255 SW 152 AVE. #101</b>
CITY - ST - ZIP	STREET ADDRESS	5.4 CITY - ST - ZIP <b>MIAMI FL 33193</b>	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	NAME	6.2 NAME	6.3 STREET ADDRESS <b>c/o 8255 SW 152 AVE. #101</b>
CITY - ST - ZIP	STREET ADDRESS	6.4 CITY - ST - ZIP <b>MIAMI FL 33193</b>	

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 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* **LUIS PARAJON** 4/15/97 (305) 387 8786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)