

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

FILED

AMENDED
98 OCT 14 PM 4:23

DOCUMENT # P93000035285
1. Corporation Name

GREGORI INTERNATIONAL OF FLORIDA INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **520 Brickell Key Dr. Suite 0-305 Miami, FL 33131**
Mailing Address: **520 Brickell Key Dr. Suite 0-305 Miami, FL 33131**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report		4. FEI Number	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/17/1993		03/1996		65-0410725	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required		Applied For	
Zip		Country		City & State		5.00 May Be Added to Fees		Not Applicable	
24		25		28		6. Election Campaign Financing Trust Fund Contribution		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
Zip		Country		City & State		Trust Fund Contribution		Yes No	
24		25		28		Trust Fund Contribution		Yes No	

9. Name and Address of Current Registered Agent
FREEMAN, STEPHEN A.
520 Brickell Key Drive
Suite 0-305
Miami, Florida 33131

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DVPS	LECLERC, CHRISTOPHE	8350 NW 56th Street	Miami, FL 33166	<input type="checkbox"/>
P	GREGORI, JEAN-LOUIS	520 Brickell Key Dr., #303	Miami, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DS	LECLERC, CHRISTOPHE	8350 NW 56 Street	Miami, FL 33166	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
VP	GREGORI, XAVIER	8350 NW 56 Street	Miami, FL 33166	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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: Christophe Leclerc DATE: 10/09/96 DAYTIME PHONE: 6637393

CR2E034 (12/95)