

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000037175 (5)

1. Corporation Name

PHOENIX ASSOCIATES INTERNATIONAL INC.



Principal Place of Business

Mailing Address

**7559 NW 70TH STREET
 MIAMI FL 33166
 US**

**7559 NW 70TH STREET
 MIAMI FL 33166**

3. Date Incorporated or Qualified
05/24/1993

3a. Date of Last Report
03/14/1995

21. Principal Place of Business
13499 BISCAYNE BLVD

2a. Mailing Address
7559 NW 70th ST.

4. FEI Number
65-0420706

Applied For
 Not Applicable

22. Suite, Apt. #, etc.
1410

27. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State
N. MIAMI FL

28. City & State
MIAMI FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip Country
33181 DADE

29. Zip Country
33166 DADE

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIORE, FRANK A. N
 8525 N.W. 53RD TERRACE
 SUITE 100
 MIAMI FL 33166**

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 607.1508, 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

Signature of the principal officer, director, agent, and the corporation

Signature of the Registered Agent (Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	FIORE, FRANK A
STREET ADDRESS	8525 N.W. 53RD TERRACE, #100
CITY-ST-ZIP	MIAMI FL 33166
TITLE	D <input type="checkbox"/> DELETE
NAME	FIORE, CAESAR F
STREET ADDRESS	1600 N. OAK ST., APT. 1714
CITY-ST-ZIP	ARLINGTON VA 22209
TITLE	D <input type="checkbox"/> DELETE
NAME	BARRIOS, LEONEL M
STREET ADDRESS	25 METROS AL OESTE, APT. 1
CITY-ST-ZIP	SAN JOSE, COSTA RICA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

**000001902780
 -07/24/96--01009--029
 ***225.00**

Handwritten signature

14. I do hereby certify that the information supplied with this filing 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Registered Agent

CR2E034 (3/96)