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Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P93000040491 (1)

1. Corporation Name
SWADE-CORPORATION



Principal Place of Business: 12205 S.W. 16TH TERRACE NO. A-107 MIAMI FL 33175
Mailing Address: 12205 S.W. 16TH TERRACE NO. A-107 MIAMI FL 33175-1569

3. Date Incorporated or Qualified: 06/08/1993
3a. Date of Last Report: 03/06/1996

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

4. FEI Number: 65-0421950
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: LACAYO, DANILO, 13225 SW 111TH TERRACE #4, MIAMI FL 33186
10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

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] (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: LACAYO, DANILO	1.1 TITLE:	
STREET ADDRESS: 13225 SW 111TH TERRACE #4	CITY-ST-ZIP: MIAMI FL	1.2 NAME:	
TITLE: SD	NAME: DUARTE, MANUEL	1.3 STREET ADDRESS:	
STREET ADDRESS: 18920 SW 110TH COURT	CITY-ST-ZIP: MIAMI FL	1.4 CITY-ST-ZIP:	
TITLE: VD	NAME: FLORES, RONALD	2.1 TITLE:	
STREET ADDRESS: 430 GOLDEN ISLES DR. #705	CITY-ST-ZIP: HALLANDALE FL	2.2 NAME:	
TITLE: TD	NAME: BASSET, YESEL	2.3 STREET ADDRESS:	
STREET ADDRESS: 11050 SW 189TH TERRACE	CITY-ST-ZIP: MIAMI FL	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	TD
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	BASSET, YESEL
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	

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: [Signature] Danilo Lacayo Date: 2/23/97 Daytime Phone #: (305) 477-1224

CR2E034 (9/96)