

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 # P93000087207 (5)

1. Corporation Name

FLORIDA BALTIC ENTERPRISES CORPORATION



Principal Place of Business

Mailing Address

**6825 S.W. 81ST STREET
MIAMI FL**

**6825 S.W. 81ST STREET
MIAMI FL**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**LISTA, WALTER L
6825 S.W. 81ST STREET
MIAMI FL**

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 607.0542 and 607.1502, 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. The entity accepts the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the current registered agent

Signature of the new registered agent

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LISTA, WALTER L	
STREET ADDRESS	6825 SW 81ST STREET	
CITY-STATE-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERNANDEZ, JAVIER A	
STREET ADDRESS	3183 SW 26TH STREET	
CITY-STATE-ZIP	MIAMI FL 33133	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EDWARDS, ISABEL L	
STREET ADDRESS	7224 SW 132ND COURT	
CITY-STATE-ZIP	MIAMI FL 33183	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
2 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
24 CITY-STATE-ZIP	
3 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
34 STREET ADDRESS	
34 CITY-STATE-ZIP	
4 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
44 STREET ADDRESS	
44 CITY-STATE-ZIP	
5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
54 STREET ADDRESS	
54 CITY-STATE-ZIP	
6 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
64 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption statement 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 as of the date of 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 trustee or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an after-amended with an address.

SIGNATURE:

Isabel Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 16, 1996
DATE

305 665 7765
TELEPHONE NUMBER

CR2E034 (12/95)