

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

FILED
May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000020354 (4)**
1. Corporation Name
STORTA, GONZAGA ET SUISSE GROUP LTD., INC.

Principal Place of Business 601 Brickell Key Dr. Suite E Miami, Fl 33131	Mailing Address 601 Brickell Key Dr Suite E Miami, Fl 33131
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3. Date Incorporated or Qualified 03/16/1994	3a. Date of Last Report 06/27/1995
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2. Principal Place of Business 21 520 Brickell Key Dr.	2a. Mailing Address 26 520 Brickell Key Dr.	4. FEI Number 65-0479013	Applied For Not Applicable
22 Suite Apt. # etc Suite 305	27 Suite Apt. # etc Suite 305	5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23 City & State Miami, Fl	28 City & State Miami, Fl	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Zip 33131	25 Country USA	29 Zip 33131	30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Haber, Robert M
520 Brickell Key Dr. #305
Miami, Fl 33131**

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

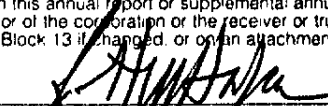
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	Jose Luis Llanes	1.2 NAME	
STREET ADDRESS	601 Brickell Key Dr., Suite E	1.3 STREET ADDRESS	520 Brickell Key Dr. #305
CITY-ST-ZIP	Miami, Fl 33131	1.4 CITY-ST-ZIP	Miami, Fl 33131
TITLE	VS ☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	Maria Teresa Parra	2.2 NAME	
STREET ADDRESS	601 Brickell Key Dr., Suite E	2.3 STREET ADDRESS	520 Brickell Key Dr #305
CITY-ST-ZIP	Miami, Fl 33131	2.4 CITY-ST-ZIP	Miami, Fl 33131
TITLE	V/AS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Haber, Robert M	3.2 NAME	
STREET ADDRESS	520 Brickell Key Dr. Suite 305	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl 33131	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	800002175198
CITY-ST-ZIP		6.4 CITY-ST-ZIP	-05/12/97--01104--051

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:  **Robert M. Haber, Vice President** (305) 374-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)