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**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000022759 (2)

1. Corporation Name
LAS DUNAS, INC.



Principal Place of Business: **601 BRICKELL KEY DR. SUITE 501 MIAMI FL 33131-2651**

Mailing Address: **601 BRICKELL KEY DR. SUITE 501 MIAMI FL 33131-2650**

3. Date Incorporated or Qualified: **03/17/1994**

3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business (21-23): State, Apt. #, etc.; City & State; Zip; Country

2a. Mailing Address (26-30): Suite, Apt. #, etc.; City & State; Zip; Country

4. FEI Number: **65-0478589**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GUTIERREZ, RENALDY J
601 BRICKELL KEY DR.
SUITE 501
MIAMI FL 33131-2651**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **DPS**

NAME: **ANGEL BAHJAT ORFALI**

STREET ADDRESS: **AVE. LEANDRO N. ALEM 1110, 3RD FLOOR**

CITY-ST-ZIP: **1001 BUEONS AIRES AR**

DELETE

TITLE: **AS**

NAME: **RENALDY J. GUTIERREZ**

STREET ADDRESS: **601 BRICKELL KEY DR. SUITE 501**

CITY-ST-ZIP: **MIAMI FL**

DELETE

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

DELETE

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Renaldy J. Gutierrez* **RENALDY J. GUTIERREZ** 4/28/97 (205) 577-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)