

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000082901 (7)

1. Corporation Name
UGARTE & CANDELA, INC.

Principal Place of Business 2105 LEJEUNE RD. CORAL GABLES, FL 33134	Mailing Address 1313 PONCE DE LEON BLVD. SUITE 300 CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 2105 LEJEUNE RD. Suite, Apt. #, etc.		2a. Mailing Address 26 1313 PONCE DE LEON BLVD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 11/10/1994	3a. Date of Last Report
22 CORAL GABLES, FL City & State		27 SUITE 300 City & State		4. FEI Number 65-0538515	Applied For Not Applicable
23 33134 Zip		28 USA Country		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33134 Zip		29 USA Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 USA Country		30 USA Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MANUEL L. RIVERO
1313 PONCE DE LEON BLVD.
SUITE 300
CORAL GABLES, FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: **3/04/96**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	UGARTE, ANTONIO J.
STREET ADDRESS	4665 SW 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	D
NAME	CANDELA, JOSE
STREET ADDRESS	4665 SW 14TH STREET
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **JOSE CANDELA** DATE: **3/04/96** (305) 446-8162

3-11-96