

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

FILED
Mar 24 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 # P95000072371 (4)

1. Corporation Name
INVERSIONES PROYECCION CORPORATION



Principal Place of Business
**10605 S.W. 7TH TERRACE
 MIAMI FL 33174**

Mailing Address
**10605 S.W. 7TH TERRACE
 MIAMI FL 33174-1618**

3. Date Incorporated or Qualified 09/19/1995	3a. Date of Last Report 04/09/1996
4. FEI Number 65-0612650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALVIAR, CESAR
 10605 S.W. 7TH TERRACE
 MIAMI FL 33174**

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 not, for wife, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	P	
NAME	DE ALVIAR, MARIA M	
STREET ADDRESS	10605 SW 7TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	V	
NAME	ALVIAR, CESAR	
STREET ADDRESS	10805 SW 7TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	T	
NAME	ALVIAR, JUAN P	
STREET ADDRESS	10805 SW 7TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	
NAME	ALVIAR, CESAR A	
STREET ADDRESS	10805 SW 7TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	
NAME	ALVIAR, JOSE D	
STREET ADDRESS	10605 SW 7TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33174	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
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 contained 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone # _____

CR2E034 (9/96)