

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 # P95000096406 (0)

1. Corporation Name
NORTHWIND ENTERPRISES, INC.



Principal Place of Business
**2205 NORTHWEST 23RD AVENUE
MIAMI FL 33142**

Mailing Address
**2205 NORTHWEST 23RD AVENUE
MIAMI FL 33142**

3. Date Incorporated or Qualified: **12/20/1995** 3a. Date of Last Report

4. FEI Number Applied For / Not Applicable

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

2. Principal Place of Business

21. Suite, Apt. #, etc

22. City & State

23. Zip

24. Country

25. Country

2a. Mailing Address

26. Suite, Apt. #, etc

27. City & State

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**VILA, OSCAR J III
520 BILTMORE WAY
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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, if applicable) _____
Name of Registered Agent (typed or printed name of registered agent) _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRAZIER, GINA C	
STREET ADDRESS	% 2205 N.W. 23RD AVENUE	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FRAZIER, PETER J	
STREET ADDRESS	% 2205 N.W. 23RD AVENUE	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DUARTE, ELENA C	
STREET ADDRESS	% 2205 N.W. 23RD AVENUE	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JOSE L	
STREET ADDRESS	% 2205 N.W. 23RD AVENUE	
CITY - ST - ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gina Caridad Duarte	
1.3 STREET ADDRESS	2205 NW 23 AVENUE	
1.4 CITY - ST - ZIP	Miami, FL 33142	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96 (305) 634-5657

CR2E034 (12/95)