

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

**FILED**

**Apr 30 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000007554 (4)**

1. Corporation Name  
**CENTRAL AMERICAN EQUITIES CORP.**



Principal Place of Business <b>POST OFFICE BOX 009 PALM BEACH FL 33480</b>	Mailing Address <b>POST OFFICE BOX 009 PALM BEACH FL 33480</b>
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3. Date Incorporated or Qualified <b>01/23/1996</b>	3a. Date of Last Report
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21. Principal Place of Business <b>19200 VON KARMAN</b> Suite, Apt. #, etc. <b>SUITE 805</b> City & State <b>IRVINE CA</b> Zip <b>92715</b> Country <b>USA</b>	2a. Mailing Address <b>19200 VON KARMAN</b> Suite, Apt. #, etc. <b>SUITE 805</b> City & State <b>IRVINE CA</b> Zip <b>92715</b> Country <b>USA</b>
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4. FEI Number <b>65-0636168</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
~~CORPORATE CREATIONS ENTERPRISES, INC.  
4521 PGA BLVD. STE 211  
PALM BEACH GARDENS FL 33418~~

81 Name <b>ERIC P. LITTMAN</b>	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable) <b>1428 BRICKELL AVE</b>	
83 <b>8th FLOOR</b>	
84 City <b>Miami</b>	85 Zip Code <b>FL 33131</b>

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 in 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type if printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PINPROCK, DALE D JR.</b>	
STREET ADDRESS <b>C/O POST OFFICE BOX 009 N/A</b>	
CITY-ST-ZIP <b>PALM BEACH FL 33480</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 <b>DIRECTOR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>RICHARD WM. TALLEY</b>	
1.3 STREET ADDRESS <b>19200 VON KARMAN, SUITE 805</b>	
1.4 CITY-ST-ZIP <b>IRVINE CA 92715</b>	
2.1 TITLE <b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>WARREN W. FRANCIS</b>	
2.3 STREET ADDRESS <b>19200 VON KARMAN, SUITE 805</b>	
2.4 CITY-ST-ZIP <b>IRVINE CA 92715</b>	
3.1 TITLE <b>SECRETARY</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>W.F.O. ROSENMILLER</b>	
3.3 STREET ADDRESS <b>19200 VON KARMAN, SUITE 805</b>	
3.4 CITY-ST-ZIP <b>IRVINE CA 92715</b>	
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 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: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)