

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

**FILED**

**Feb 20 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 # P96000019702 (5)**

**1. Corporation Name:  
FERO, INC.**



**Principal Place of Business:**

**520 BRICKELL KEY DR.  
#1811  
MIAMI FL 33131**

**Mailing Address:**

**520 BRICKELL KEY DR.  
#1811  
MIAMI FL 33131-2616**

**3. Date Incorporated or Qualified  
03/01/1996**      **3a. Date of Last Report**

**2. Principal Place of Business**

**2a. Mailing Address**

**4. FEI Number**      **Applied For**  
*Applied Fee*      **Not Applicable**

**21. Suite, Apt. #, etc.**

**26. Suite, Apt. #, etc.**

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

**22. City & State**

**27. City & State**

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

**23. Zip**

**Country**

**28. Zip**

**Country**

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

**24. Zip**

**Country**

**29. Zip**

**Country**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**FERNANDEZ RODRIGUEZ, ELADIO M  
520 BRICKELL KEY DR.  
#1811  
MIAMI FL 33131**

**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:**

*(Signature)*

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

**DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>PS</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>FERNANDEZ RODRIGUEZ, ELADIO M</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>520 BRICKELL KEY DR., #1811</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL 33131</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VT</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>FERNANDEZ RODRIGUEZ, BEATRIZ</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>520 BRICKELL KEY DR., #1811</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>MIAMI FL 33131</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**14. I, the filer, 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 included 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:** *B. Fernandez*      **BEATRIZ FERNANDEZ**      *Jan. 23/97 (809) 562-1417*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**DATE**

**DAY/MONTH/YEAR**

CR2E034 (9/96)