

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS	<p style="font-size: 2em; font-weight: bold;">FILED</p> <p>97 NOV -3 AM 9:24</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
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DOCUMENT # P96000030373

1. Corporation Name
BIARRITZ PROPERTIES CORP.

Mailing Address 2127 Brickell Avenue Miami, Florida 33129	Principal Place of Business 2127 Brickell Avenue Miami, Florida 33129
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REINSTATEMENT 97

11/5

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable c/o Banco Santander, 3rd Floor Suite, Apt. #, etc. P.O. Box N-1682, Bahamas Financial Centre City & State Charlotte & Shirley Street Zip Nassau	3. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida **04/08/1996**

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DPS	Maria Taylor	c/o 2127 Brickell Avenue	Miami, FL 33129
DV	Roberto Crespo	c/o 2127 Brickell Avenue	Miami, FL 33129
DT	Jose Lozada	c/o 2127 Brickell Avenue	Miami, FL 33129
			000002340040--1 -11/06/97--01052--011 ****750.00 ****750.00

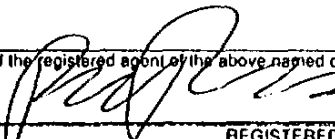
8. Name and Address of Current Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 Blue Lagoon Drive, Suite 700
Miami, Florida 33126

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent  **Ramon E. Rasco, President** Date **10/16/97**

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that when this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that a fee owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

