

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000040132
1. Corporation Name
EPECUEN OF MIAMI, INC.

Principal Place of Business 2031 N.W. 27 Avenue Miami, Fl. 33142	Mailing Address 2031 N.W. 27 Avenue Miami, Fl. 33142
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2. Principal Place of Business 21 2031 N.W. 27 Ave.	2a. Mailing Address 26 2031 N.W. 27 Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Miami, Fl.	28 Miami, Fl.
24 33142	29 33142
25 USA	30 USA

3. Date Incorporated or Qualified May 6th, 1996	3a. Date of Last Report -----
4. FEI Number 65-0665240	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**Francisco Vilchez
8300 NW S.River Drive,
Medley, Fl. 33166**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS

TITLE P.	NAME Jorge Cano	<input type="checkbox"/> DELETE
STREET ADDRESS 8300 NW S.River Dr.		
CITY, ST, ZIP Medley, FL. 33166		
TITLE VP	NAME Daniel del Rio	<input type="checkbox"/> DELETE
STREET ADDRESS 8300 NW S.River Dr.		
CITY, ST, ZIP Medley, Fl. 33166		
TITLE S	NAME Fernando Lima	<input type="checkbox"/> DELETE
STREET ADDRESS 8300 NW S.River Dr.		
CITY, ST, ZIP Medley, Fl. 33166		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	

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*****165.00**

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 checked, or on an attachment with an address.

SIGNATURE: **x** *Francisco Vilchez* **Francisco Vilchez** **4.20.1997** **(305) 638-2225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

Handwritten signature