

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

**FILED**

**97 JUN 27 AM 6:12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morton**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000042088 (0)**  
1. Corporation Name  
**MINABELLA MIAMI, INC.**

Principal Place of Business: **601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131**  
Mailing Address: **601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131-2649**

2. Principal Place of Business: **501 Brickell Key Drive**, Suite, Apt. #, etc. **602**, City & State **Miami, FL**, Zip **33131**  
2a. Mailing Address: **501 Brickell Key Drive**, Suite, Apt. #, etc. **602**, City & State **Miami, FL**, Zip **33131**

3. Date Incorporated or Qualified: **05/16/1996**  
3a. Date of Last Report: [ ]  
4. FEI Number: **65-0673673**  
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

9. Name and Address of Current Registered Agent: **ALLEN & GALEGO 601 BRICKELL KEY DRIVE SUITE 805 MIAMI FL 33131**

10. Name and Address of New Registered Agent: **VESTEC INTERNATIONAL CORPORATION 501 Brickell Key Drive Suite 602 Miami FL 33131**

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]* **PRESIDENT** DATE: **5/01/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>RAFAEL DIAZ-BALART</b>	
STREET ADDRESS	<b>501 BRICKELL KEY DR. SUITE 602</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33131</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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>200002228792-2</b>	
1.4 CITY-ST-ZIP	<b>-07/02/97-01040-023</b>	
2.1 TITLE	<b>****165.00</b>	<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		

*[Handwritten signature]* **97**

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]* **RAFAEL DIAZ-BALART** DATE: **05/01/97 3:05 358 8900**

CR2E034 (9/96)