

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

FILED

**Apr 10 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 # P96000060101 (8)
 1. Corporation Name
CHARADE PROPERTIES II, INC.



Principal Place of Business 101 MADEIRA AVENUE CORAL GABLES FL 33134	Mailing Address 101 MADEIRA AVENUE CORAL GABLES FL 33134-4618
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3. Date Incorporated or Qualified 07/17/1996		3a. Date of Last Report	
2. Principal Place of Business 21 5201 BLUE LAGOON DR	2a. Mailing Address 26 5201 BLUE LAGOON DR	4. FEI Number 65-0691969	Applied For Not Applicable
22 SUITE 650	27 SUITE 650	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 MIAMI FL	28 MIAMI FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 33126 25 USA	29 33126 30 USA	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 ARAZOZA COMAS DE TORRES FERNANDEZ-FRAGA PA 101 MADEIRA AVENUE CORAL GABLES FL 33134		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE		1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	CUSCO, EDUARDO
STREET ADDRESS		1.3 STREET ADDRESS	5201 BLUE LAGOON DRIVE SUITE 650
CITY - ST - ZIP		1.4 CITY - ST - ZIP	MIAMI, FL 33126
TITLE <input type="checkbox"/> DELETE		2.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CUSCO, ENRIQUE
STREET ADDRESS		2.3 STREET ADDRESS	5201 BLUE LAGOON DRIVE SUITE 650
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI, FL 33126
TITLE <input type="checkbox"/> DELETE		3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	CUSCO, JORGE
STREET ADDRESS		3.3 STREET ADDRESS	5201 BLUE LAGOON DRIVE SUITE 650
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MIAMI, FL 33126
TITLE <input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  DATE: **3/12/97**

CR2E034 (9/96)