

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 # P96000087928 (3)
1. Corporation Name
FPL GROUP INTERNATIONAL SOUTH AMERICA, INC.



Principal Place of Business 11760 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408	Mailing Address 11760 U.S. HIGHWAY ONE SUITE 600 NORTH PALM BEACH FL 33408-3028
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3. Date Incorporated or Qualified 10/23/1996	3a. Date of Last Report
4. FEI Number 65-0707577	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent
**LEON, J.E.
9250 WEST FLAGLER STREET
MIAMI FL 33174**

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 D	<input type="checkbox"/> DELETE	1.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TANCER, EDWARD F		1.2 NAME	
STREET ADDRESS 11760 U.S. HIGHWAY ONE		1.3 STREET ADDRESS	
CITY-ST-ZIP NORTH PALM BEACH FL 33408		1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME BONILLA, LORI J	
STREET ADDRESS		2.3 STREET ADDRESS 11760 US HIGHWAY ONE #600	
CITY-ST-ZIP		2.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE D/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME WERNEBURG, KENNETH R	
STREET ADDRESS		3.3 STREET ADDRESS 11760 US HIGHWAY ONE #600	
CITY-ST-ZIP		3.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME MC GRATH, ROBERT L	
STREET ADDRESS		4.3 STREET ADDRESS 11760 US HIGHWAY ONE #600	
CITY-ST-ZIP		4.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME CARPENTER, FRANCES M	
STREET ADDRESS		5.3 STREET ADDRESS 11760 US HIGHWAY ONE #600	
CITY-ST-ZIP		5.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408	
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 *Frances M. Carpenter* **Frances M. Carpenter** 4/7/97 561-691-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/96)