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**Jan 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S41304 (4)
1. Corporation Name
FECHA, INC.



Principal Place of Business: **3911 SOUTHWEST 67TH AVENUE MIAMI FL 33155**
Mailing Address: **3911 SOUTHWEST 67TH AVENUE MIAMI FL 33155-3710**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1991	3a. Date of Last Report 06/25/1996
21	Suite, Apt. #, etc.			4. FEI Number 65-0306614	Applied For <input type="checkbox"/> Not Applicable
22	City & State			5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	25	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DIAZ-PADRON, CARLOS
301 ALMERIA AVENUE
SUITE 315
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name	DIAZ-PADRON, CARLOS	
82	Street Address (P.O. Box Number is Not Acceptable)	250 Bird Road	
83		SUITE 206	
84	City	CORAL GABLES,	85 Zip Code FL 33146

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]* DATE: **1-8-97**
(Signature, typed or printed name of registered agent and FEI, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FERIS, MIGUEL E.	
STREET ADDRESS	3911 SW 67 AVE.	
CITY - ST - ZIP	MIAMI FL	

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	

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]* DATE: **1-8-97** 3-5-662-9966
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone #)

CR2E034 (9/96)