

FILE NOW FILING FEE AFTER 11:59 AM 05/01/97

FILED

97 MAY -1 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT #**  
 1. Corporation Name  
 Temaco Corporation V 17129

Principal Place of Business 5311 Pinetree Dr. Miami Beach, Fl. 33140	Mailing Address 5311 Pinetree Dr Miami Beach Fl. 33140
---	---

2. Principal Place of Business 21 5311 Pinetree Dr. Suite, Apt. #, etc	26. Mailing Address 26 5311 Pinetree Dr Suite, Apt. #, etc.
22 City & State 23 Miami Beach Fl. Zip 33140 Country USA	27 City & State 28 Miami Beach Fl Zip 33140 Country USA

3. Date incorporated or Qualified 02/27/1992	3a. Date of Last Report 05/01/96
4. FET Number 65-0316335	Applied For 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
7. 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  
 Schimmel Robert L  
 Hessen Schimmela De Castro P.A.  
 3191 Coral Way Penthouse 2  
 Miami, Fl. 33145

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 607.0805, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	1/D	<input type="checkbox"/> DELETE
NAME	Schimmel Howard	
STREET ADDRESS	5311 Pinetree Dr.	
CITY- ST- ZIP	Miami Beach Fl	
TITLE	UP/D	<input type="checkbox"/> DELETE
NAME	Schimmel Marlene	
STREET ADDRESS	5311 Pinetree Dr	
CITY- ST- ZIP	Miami Beach, Fl.	
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	800002167318-3
1.3 STREET ADDRESS	-05/06/97--01065--003
1.4 CITY- ST- ZIP	***165.00 ***165.00
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Howard Schimmel 4/30/97 305 861 4548  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE