FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY -1 AM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051699 (5)

1. Corporate Name

GRUPO AMOR, INC.

Principal Place of Business:
415 LAKE VIEW DR.
#203
FT. LAUDERDALE FL 33326

Mailing Address:
415 LAKE VIEW DR
#203
FT. LAUDERDALE FL 33326

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: ~~NOT APPLICABLE~~ 65-0427401 [ ] Applied For [ ] Not Applicable

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 [X] Yes [ ] No

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMOR, RAFAEL F 415 LAKE VIEW DR. #203 FT. LAUDERDALE FL 33326	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1 TITLE	[ ] Change [ ] Addition
NAME	AHERAN-AMOR, BRENDA	1 NAME	
STREET ADDRESS	415 LAKE VIEW DR. #203	1 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	1 CITY-ST-ZIP	
TITLE	SD	2 TITLE	[ ] Change [ ] Addition
NAME	AMOR, RAFAEL F	2 NAME	
STREET ADDRESS	415 LAKE VIEW DR. #203	2 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	2 CITY-ST-ZIP	
TITLE		3 TITLE	[ ] Change [ ] Addition
NAME		3 NAME	
STREET ADDRESS		3 STREET ADDRESS	
CITY-ST-ZIP		3 CITY-ST-ZIP	
TITLE		4 TITLE	[ ] Change [ ] Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	[ ] Change [ ] Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	[ ] Change [ ] Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-95 Date

305-389-1774 Daytime Phone

0234556 CP