

5-2-97 B-6174 C-  
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 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 # M02512 (5)

1. Corporation Name  
OVANDO ASSOCIATES, INC.

Principal Place of Business

33 N. DEARBORN  
CHICAGO IL 60602

Mailing Address

38 NORTHGATE ROAD  
RIVERSIDE IL 60546-1639



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/05/1984		04/15/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2449323		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29		30		USA	

9. Name and Address of Current Registered Agent

BACARDI, JOAQUIN F JR.  
1205 MARIPOSA AVE., #328  
CORAL GABLES FL 33146

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 607.0502 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	V.D.
NAME	BACARDI, RUTH OVANDO	1.2 NAME	ZUZIAK, RONALD, C.
STREET ADDRESS	38 NORTHGATE ROAD	1.3 STREET ADDRESS	1953 Redwood Lane
CITY-ST-ZIP	RIVERSIDE IL 60546	1.4 CITY-ST-ZIP	Hanover Park, IL 60103
TITLE	VD	2.1 TITLE	D
NAME	HUNSBERGER, LYNDIA G	2.2 NAME	Perry Kriebel
STREET ADDRESS	38 NORTHGATE ROAD	2.3 STREET ADDRESS	2033 Lakeview, SW
CITY-ST-ZIP	RIVERSIDE IL 60546	2.4 CITY-ST-ZIP	Albuquerque, NM 87105
TITLE	CS	3.1 TITLE	D
NAME	OVANDO, VICTOR M	3.2 NAME	Jung Wernli
STREET ADDRESS	1351 S. WOLF RD.	3.3 STREET ADDRESS	Bahnhofstrasse 10
CITY-ST-ZIP	HILLSIDE IL 60162	3.4 CITY-ST-ZIP	CH-9100 Herisau
TITLE	TD	4.1 TITLE	
NAME	HUNSBERGER, RICHARD D	4.2 NAME	
STREET ADDRESS	38 NORTHGATE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERSIDE IL 60546	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

 Ruth O. Bacardi

4/24/97 (312)422-1700