
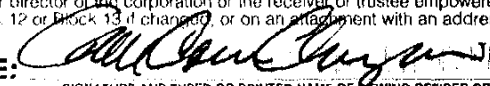


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 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 # H72899 (8)			
1. Corporation Name THE INDIA LETICIA CORPORATION			
Principal Place of Business 701 BRICKELL AVENUE SUITE 1200 MIAMI FL 33131		Mailing Address 701 BRICKELL AVENUE SUITE 1200 MIAMI FL 33131-2851	
2. Principal Place of Business 21 200 S. Biscayne Blvd. Suite, Apt. #, etc. 22 20th Floor City & State 23 Miami, FL Zip 24 33131		2a. Mailing Address 26 200 S. Biscayne Blvd. Suite, Apt. #, etc. 27 20th Floor City & State 28 Miami, FL Zip 29 33131 Country 30 USA	
3. Date Incorporated or Qualified 08/26/1985		3a. Date of Last Report 05/01/1996	
4. FEI Number 59-2721976		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	
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 ROSSZ FIU CORPORATION 701 BRICKELL AVENUE SUITE 1200 MIAMI FL 33131 (Change of Address Only)		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd., 83 20th Floor 84 City Miami FL 85 Zip Code 33131	
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	
11 TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS CHEEZEM, CHARLES K CITY-ST-ZIP 701 BRICKELL AVE., SUITE 1200 MIAMI FL 33131		11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address only) 1.2 NAME 1.3 STREET ADDRESS 200 S. Biscayne Blvd., 20th Floor 1.4 CITY-ST-ZIP Miami, Florida 33131	
11 TITLE <input checked="" type="checkbox"/> DELETE NAME VT STREET ADDRESS KENNEY, JUDITH CITY-ST-ZIP 701 BRICKELL AVE., SUITE 1200 MIAMI FL 33131		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME S 3.3 STREET ADDRESS Jan Carson Cheezem 3.4 CITY-ST-ZIP 200 S. Biscayne Blvd., 20th Floor Miami, Florida 33131	
11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
11 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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: 		Date 04/29/97 (305) 358-7605	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	



CR2E034 (9/96)