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**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000073268 (1)

1. Corporation Name
INVERSACA, CORP.



Principal Place of Business: **1040 NW 128 PALCE MIAMI FL 33182 US**

Mailing Address: **1040 NW 128 PLACE MIAMI FL 33182-2317 US**

3. Date Incorporated or Qualified: **09/21/1995**

3a. Date of Last Report: **04/05/1996**

4. FEI Number: **65-0608234**

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: Yes No

2. Principal Place of Business: **21 12935 SW 133 CT MIAMI, FLORIDA 33186 U.S.A.**

2a. Mailing Address: **26 12935 SW 133 CT. MIAMI, FLORIDA 33186 U.S.A.**

9. Name and Address of Current Registered Agent: **SANGUINO, JAVIER 9551 FOUNTAINBLEAU BLVD. SUITE 210 MIAMI FL 33172**

10. Name and Address of New Registered Agent: **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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input type="checkbox"/> DELETE	1.1 TITLE: D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SANGUINO, JAVIER		1.2 NAME: SANGUINO, JAVIER	
STREET ADDRESS: 9551 FOUNTAINBLEAU BLVD #210		1.3 STREET ADDRESS: 1040 NW 128 PL.	
CITY-ST-ZIP: MIAMI FL		1.4 CITY-ST-ZIP: MIAMI, FL. 33182	
TITLE: SD	<input type="checkbox"/> DELETE	2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CONTRERAS, NELLY		2.2 NAME: CONTRERAS, NELLY	
STREET ADDRESS: 9551 FOUNTAINBLEAU BLVD #210		2.3 STREET ADDRESS: 1040 NW 128 PL.	
CITY-ST-ZIP: MIAMI FL 33172		2.4 CITY-ST-ZIP: MIAMI, FL. 33182	
TITLE: D	<input type="checkbox"/> DELETE	3.1 TITLE: D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SANGUINO, MARIA		3.2 NAME: SANGUINO, MARIA	
STREET ADDRESS: 9551 FOUNTAINBLEAU BLVD #210		3.3 STREET ADDRESS: 1040 NW 128 PL.	
CITY-ST-ZIP: MIAMI FL 33172		3.4 CITY-ST-ZIP: MIAMI, FL 33182	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE: D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SANGUINO, JOSEFINA		4.2 NAME: SANGUINO, JOSEFINA	
STREET ADDRESS: 9551 FOUNTAINBLEAU BLVD #210		4.3 STREET ADDRESS: 1040 NW 128 PL	
CITY-ST-ZIP: MIAMI FL 33172		4.4 CITY-ST-ZIP: MIAMI, FL 33182	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SANGUINO, PABLO		5.2 NAME: SANGUINO, PABLO	
STREET ADDRESS: 9551 FOUNTAINBLEAU BLVD #210		5.3 STREET ADDRESS: 1040 NW 128 PL.	
CITY-ST-ZIP: MIAMI FL 33172		5.4 CITY-ST-ZIP: MIAMI, FL 33182	
TITLE: DIRECTOR	<input type="checkbox"/> DELETE	6.1 TITLE: D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: PABLO SANGUINO		6.2 NAME: SANGUINO, PABLO	
STREET ADDRESS: 1040 NW 128 PL		6.3 STREET ADDRESS: 1040 NW 128 PL.	
CITY-ST-ZIP: MIAMI, FL. 33182		6.4 CITY-ST-ZIP: MIAMI, FL. 33182	

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: J. Sanguino / **JAVIER SANGUINO** Date: **305-229-1311**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)