

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 # P95000064558

1. Corporation Name

2785, Inc.

Principal Place of Business 6361 Sunset Drive South Miami, FL 33143	Mailing Address 6361 Sunset Drive South Miami, FL 33143
---	---

3. Date Incorporated or Qualified 8/21/95	3a. Date of Last Report 5/1/96
---	--

2. Principal Place of Business 21 1607 Ponce De Leon Blvd Suite, Apt. #, etc. 22 Suite 101 City & State 23 Coral Gables, FL Zip 24 33134	2a. Mailing Address 25 8360 W. Flagler Street Suite, Apt. #, etc. 27 Suite 200 City & State 28 Miami, FL Zip 29 33144-2075	4. FEI Number 65-0618469 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

Alejandro Nunez, Esq.
6361 Sunset Drive
South Miami, FL 33143

10. Name and Address of New Registered Agent

81 Name Alejandro Nunez, Esq.	85 Zip Code 33134
82 Street Address (P.O. Box Number is Not Acceptable) 1607 Ponce De Leon Blvd.	
83 Suite Suite 101	
84 City Coral Gables, FL	

11. Pursuant to the provisions of Sections 607.0602 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD	NAME Espinol, Paulino	STREET ADDRESS 2785 N.W. 5th Street	CITY-ST-ZIP Miami, FL 33125	1.1 TITLE PSTD	1.2 NAME Espinol, Paulino	1.3 STREET ADDRESS 14936 S.W. 104th Street Unit 20	1.4 CITY-ST-ZIP Miami, FL 33196
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		2.1 TITLE 2.2 NAME	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		3.1 TITLE 3.2 NAME	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		4.1 TITLE 4.2 NAME	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		5.1 TITLE 5.2 NAME	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE		6.1 TITLE 6.2 NAME	6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/97

388-2542

CH2E034 (9/96)