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FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # M02512 (5)
1. Corporation Name
OVANDO ASSOCIATES, INC.



Principal Place of Business
33 N. DEARBORN
CHICAGO IL 60602

Mailing Address
120 BROADVIEW VILLAGE SO
#423
BROADVIEW IL 60153
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	07/05/1984	59-2449323	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input checked="" type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees	
23	28	Trust Fund Contribution	<input type="checkbox"/>	
Zip	Zip	8. This corporation owes or has paid the current year intangible		
24	29	Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country			
25	30			

9. Name and Address of Current Registered Agent

BARCARDI, 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
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	BARCARDI, RUTH OVANDO	
STREET ADDRESS	38 NORTHGATE ROAD	
CITY-ST-ZIP	RIVERSIDE IL 60546	
TITLE	VD	DELETE
NAME	HUNSBERGER, LYNDIA G	
STREET ADDRESS	38 NORTHGATE ROAD	
CITY-ST-ZIP	RIVERSIDE IL 60546	
TITLE	OS	DELETE
NAME	OVANDO, VICTOR M	
STREET ADDRESS	1351 S. WOLF RD.	
CITY-ST-ZIP	HILLSIDE IL 60162	
TITLE	TD	DELETE
NAME	HUNSBERGER, RICHARD D	
STREET ADDRESS	38 NORTHGATE ROAD	
CITY-ST-ZIP	RIVERSIDE IL 60546	
TITLE	VD	DELETE
NAME	ZUZIAK, RONALD C	
STREET ADDRESS	1053 REDWOOD LANE	
CITY-ST-ZIP	HANOVER PARK IL	
TITLE	D	DELETE
NAME	KRIEBLE, PERRY	
STREET ADDRESS	2033 LAKEVIEW SW	
CITY-ST-ZIP	ALBUQUERQUE NM	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 _____

MAY 1 1998

CR2E034 (10/97)