

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

FILED

Mar 31 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 # 251128 (5)

1. Corporation Name
15795 COLLINS AVENUE CORP



Principal Place of Business
300 BAYVIEW DR. # 1506
MIAMI BEACH FL 33160-4746

Mailing Address
300 BAYVIEW DR. # 1506
MIAMI BEACH FL 33160-4746

2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified
09/12/1961

3a. Date of Last Report
02/05/1996

4. FEI Number
59-0937971

Applied For
 Not Applicable

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

21 State, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 State, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENENDEZ, AZUCENA
300 BAY VIEW DRIVE, #1506
MIAMI BEACH FL 33160-4746

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, 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. For further information, see the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ade Menendez*

(NOTE: Registered Agent signature required when reinstating)

3/20/97

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P
STREET ADDRESS	MENDEZ, AZUCENA
CITY-STATE-ZIP	300 BAY VIEW DR #1506
TITLE	<input type="checkbox"/> DELETE
NAME	VP
STREET ADDRESS	MENENDEZ, JORGE L
CITY-STATE-ZIP	300 BAY VIEW DR, #1506
TITLE	<input type="checkbox"/> DELETE
NAME	S
STREET ADDRESS	MENENDEZ, GUSTAVO
CITY-STATE-ZIP	300 BAY VIEW DR, #1506
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-STATE-ZIP	<input type="checkbox"/> DELETE
TITLE	<input type="checkbox"/> DELETE
NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	<input type="checkbox"/> DELETE
CITY-STATE-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

14. I, the filer, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 of this filing, or on an attachment with an address.

SIGNATURE: *Ade Menendez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/97

Date: _____ Day(s), Month: _____

CR2E034 (9/96)