

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

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May 02 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 # 335216 (8)

1. Corporation Name
CHURCH & TOWER OF FLORIDA, INC.



Principal Place of Business
DORAL FINANCIAL PLAZA
8800 NW 36 ST. 8TH FL
MIAMI FL 33166
US

Mailing Address
DORAL FINANCIAL PLAZA
8800 NW 36 ST. 8TH FL
MIAMI FL 33166-6648
US

3. Date Incorporated or Qualified 09/19/1968
3a. Date of Last Report 04/24/1996

2. Principal Place of Business 21 3155 N.W. 77th Ave Suite, Apt. #, etc.	2a. Mailing Address 26 3155 NW 77th Ave Suite, Apt. #, etc.	4. FEI Number 59-1266044	Applied For Not Applicable
22 City & State 23 Miami FL	27 City & State 28 Miami FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33122	25 Country US	29 Zip 33122	30 Country US
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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 PD	MAS, JORGE L 8600 NW 36TH ST, DORAL FIN. PLAZA, 8TH FL MIAMI FL	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	3155 NW 77th Ave
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI FL 33122
TITLE SD	MAS, IRMA 8600 NW 36TH ST, DORAL FIN. PLAZA, 8TH FL MIAMI FL	2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	3155 NW 77th Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI FL 33122
TITLE VP	VALDES, CARLOS A. 8600 NW 36TH ST, 8TH PL MIAMI FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	3155 NW 77th Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI FL 33122
TITLE S	DAMON, NANCY J. 8600 NW 36TH ST, 8TH PL MIAMI FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	3155 NW 77th Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI FL 33122
TITLE		5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MAS, JORGE
STREET ADDRESS		5.3 STREET ADDRESS	3155 NW 77th Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI FL 33122
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DAYTIME PHONE: 305-599-1800

CR2E034 (9/96)