

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

FILED
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 8600 NW 36 ST. 8TH FL MIAMI FL 33166 US	Mailing Address DORAL FINANCIAL PLAZA 8600 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
--	--

21. Principal Place of Business 3155 N.W. 77th Ave Suite, Apt. #, etc.	22. Mailing Address 3155 NW 77th Ave Suite, Apt. #, etc.
23. City & State Miami FL	24. City & State Miami FL
25. Zip 33122	26. Country US

4. FEI Number 59-1266044	Applied For <input type="checkbox"/> 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

**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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAS, JORGE L		1.2 NAME	
STREET ADDRESS 8600 NW 36TH ST, DORAL FIN. PLAZA, 8TH FL		1.3 STREET ADDRESS 3155 NW 77th AVE	
CITY- ST- ZIP MIAMI FL		1.4 CITY- ST- ZIP MIAMI FL 33122	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAS, IRMA		2.2 NAME	
STREET ADDRESS 8600 NW 36TH ST, DORAL FIN. PLAZA, 8TH FL		2.3 STREET ADDRESS 3155 NW 77th AVE	
CITY- ST- ZIP MIAMI FL		2.4 CITY- ST- ZIP MIAMI FL 33122	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VALDES, CARLOS A.		3.2 NAME	
STREET ADDRESS 8600 NW 36TH ST, 8TH PL		3.3 STREET ADDRESS 3155 NW 77th AVE	
CITY- ST- ZIP MIAMI FL		3.4 CITY- ST- ZIP MIAMI FL 33122	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAMON, NANCY J.		4.2 NAME	
STREET ADDRESS 8600 NW 36TH ST, 8TH PL		4.3 STREET ADDRESS 3155 NW 77th AVE	
CITY- ST- ZIP MIAMI FL		4.4 CITY- ST- ZIP MIAMI FL 33122	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: Nancy J. Damon **Nancy J. Damon 1997 305-599-1800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)