

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

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 528046 (6)

1. Corporation Name
CARDIFF INVESTMENTS, INC.



Principal Place of Business % GUNSTER, YOAKLEY, ET AL ONE BISCAYNE TOWER.#3400.2 S.BISCAYNE BLVD MIAMI FL 33131	Mailing Address % GUNSTER, YOAKLEY, ET AL ONE BISCAYNE TOWER.#3400.2 S.BISCAYNE BLVD MIAMI FL 33131-1897
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3. Date Incorporated or Qualified 02/07/1977	3a. Date of Last Report 04/23/1996
4. FEI Number 59-1749558	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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES INC
 2 SO. BISCAYNE BLVD.
 SUITE 3400
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 reg-stored agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	STD	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTURIAS, YVONNE T.	1.2 NAME
STREET ADDRESS	2 SO.BISCAYNE BLVD.#3400	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP
TITLE	V	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES-FAULI, RAUL E	2.2 NAME
STREET ADDRESS	2 SO.BISCAYNE BLVD.#3400	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP
TITLE	PD	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASTURIAS, MARIO	3.2 NAME
STREET ADDRESS	2 SO.BISCAYNE BLVD.#3400	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
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.

CR2E034 (9/96)