

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

FILED

Apr 23 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 # 543278 (6)  
1. Corporation Name  
CUVENAM, INC.

Principal Place of Business 9485 SUNSET DR. SUITE A-204 MIAMI FL 33173	Mailing Address 9485 SUNSET DR. SUITE A-204 MIAMI FL 33173-3228
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2. Principal Place of Business 21 8442 N.W. 70 STREET Suite, Apt. #, etc.		2a. Mailing Address 26 8442 N.W. 70 STREET Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/18/1977		3a. Date of Last Report 04/18/1996	
22 City & State 23 MIAMI FL		27 City & State 28 MIAMI FL		4. FEI Number 59-1834698		Applied For Not Applicable	
24 33166 25 DADE		29 33166 30 DADE		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent BRIDGES, ROGER A 334 MINORCA AVENUE SUITE 200 CORAL GABLES FL 33134				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE							
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE							
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE							
3.2 NAME							
3.3 STREET ADDRESS							
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<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE							
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<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE							
6.2 NAME							
6.3 STREET ADDRESS							
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 recorder 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 in an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/1997 (305) 406-3981  
Date Daytime Phone #

CR2E034 (9/96)