

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

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May 08 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 # **563020** (7)
1. Corporation Name
FNT CORPORATION

Principal Place of Business
**1110 BRICKELL AVENUE
SEVENTH FLOOR
MIAMI FL 33131
US**

Mailing Address
**1110 BRICKELL AVENUE
SEVENTH FLOOR
MIAMI FL 33131-3132
US**

3. Date Incorporated or Qualified 03/13/1978	3a. Date of Last Report 02/14/1996
4. FEI Number 59-1842312	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**FENTE, MANUEL F
1110 BRICKELL AVENUE
SEVENTH FLOOR
MIAMI FL 33131**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FENTE, ARMANDO, JR 40-05 94 ST ELMHURST, L I, NY 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FENTE, JOSE B 1857 W 84TH ST HIALEAH, FLORIDA 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FENTE, ARMANDO 40-05 94TH ST ELMHURST, L I, NY 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FENTE, MANUEL F 1835 W. FLAGLER STREET MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FENTE, MANUEL J 2285 SW 22ND TERR MIAMI, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FENTE, JOSE R 1728 W. 64TH STREET HIALEAH, FLORIDA 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<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"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT JOSE R. FENTE 1728 W 64 ST. HIALEAH, FL. 33012
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VICE PRESIDENT JOSEPH A. FENTE 1728 W 64 ST. HIALEAH, FL. 33012
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SECRETARY NATALIA A. FENTE 1728 W 64 ST. HIALEAH, FL. 33012

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:  **JOSE R. FENTE** 4/30/97 305558-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)