FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **574187** **(1)**

1. Corporation Name

MENSAL CORPORATION

Principal Place of Business

2 SOUTH BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131

Mailing Address

2 SOUTH BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
MIAMI FL 33131

3. Date Incorporated or Qualified: **05/23/1978**

3a. Date of Last Report: **06/14/1995**

4. FEI Number: **65-0112708** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Is this corporation filing for the eligible tax under s. 190.032 Florida Statutes? [ ] Yes [X] No

2. Principal Place of Business

21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

VALDES-FAULI,CORPORATE SERVICES, INC.
2 S. BISCAYNE BLVD.
3400 ONE BISCAYNE TOWER
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 **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1501, Florida Statutes, the above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Subsequent to the change(s) listed above, the principal place of business, if any, will be identical to the principal place of business of the registered office. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	SD	[ ] DELETE
NAME	MENA, RAUL P.	
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	DE BONILLA, ANA M. ANGELINA	
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	DE LUNGO, ANA LORENA	
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE	PC	[ ] DELETE
NAME	PECCORINI, LEONOR	
STREET ADDRESS	2 S. BISCAYNE BLVD., #3400	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Dir/Pres/Chair.	[X] Change [ ] Addition
NAME	Peccorini, Leonor	
STREET ADDRESS	2 S. Biscayne Blvd., #3400	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this report/application, form and fee is true and accurate and that this report is being filed pursuant to Section 607.0203(3), Florida Statutes. I further certify that the information indicated on this 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 of changed officer/director with an address.

SIGNATURE: Leonor M. Peccorini 3/20/96 (305)376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Telephone Number

Leonor M. Peccorini

CR2E034 (12/95)