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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

1/16/97 (305) 789-2711

Secretary of State

(96/6)

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 697497

appears in Block 12 or Block 13 if chy

SIGNATURE:

(6)

ARMANDO E. LACASA. P.A. Principal Place of Business Mailing Address 3191 CORAL WAY 3191 CORAL WAY CORAL GABLES FL 33145-3213 CORAL GABLES FL 33145-0213 3a. Date of Last Report 05/01/1996 3. Date Incorporated or Qualified 08/01/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2358832 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, Yes No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LACASA, ARMANDO E Name acasa 3191 CORAL WAY, THIRD FLOOR Street Address (P.O. Box 82 41800 **MIAMI 33145** 83 84 City Zip Code IMAI Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered accept the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered agent, agent. Lam familia 1-16-97 SIGNATURE of agent and the illapplicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change TITLE Carlos A. LACASA, ARMANDO E 1.2 NAME NAME 701 Brickell Ave. 4 1800 3191 CORAL WAY, 3RD FL. 1.3 STREET ADDRESS STREET ADDRESS 33131 MIAMI FL MIAMI CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE NAME **2.2 NAME** 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-ST-ZIF DELETE Change Addition 3.1 TITLE THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition | TITLE 4.1 TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE ___ Change Addition 6 1 TITLE TOTALE 6.2 NAME NAME **6.3 STREET ADORESS** STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this films boes 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 is 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

attachment with an address.