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FILED  
Jan 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 847823 (2)  
1. Corporation Name  
SUNBEAM LATIN AMERICA, INC.



Principal Place of Business  
200 E LAS OLAS BLVD  
SUITE 2100  
FT LAUDERDALE FL 33301  
US

Mailing Address  
200 E LAS OLAS BLVD  
SUITE 2100  
FT LAUDERDALE FL 33301-2248  
US

3. Date Incorporated or Qualified 12/31/1980  
3a. Date of Last Report 03/13/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 1615 S. CONGRESS AVE.		26 1615 S. CONGRESS AVE.		36-2958907		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22 SUITE 200		27 SUITE 200		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
23 DELRAY BEACH, FL		28 DELRAY BEACH, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip					
24 33445		29 33445					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD.  
PLANTATION FL 33324

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

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  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER, SCHIPKE	1.2 NAME	ALBERT J. DUNLAP
STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100	1.3 STREET ADDRESS	1615 S. CONGRESS AVE., SUITE 200
CITY - ST - ZIP	FT LAUDERDALE FL	1.4 CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	ASST. VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTTE, ROBERT P	2.2 NAME	
STREET ADDRESS	200 E LAS OLAS BLVD, SUITE 2100	2.3 STREET ADDRESS	1615 S. CONGRESS AVE., SUITE 200
CITY - ST - ZIP	FT LAUDERDALE FL	2.4 CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERECHO, EDWIN T	3.2 NAME	
STREET ADDRESS	200 E LAS OLAS BLVD SUITE 2100	3.3 STREET ADDRESS	1615 S. CONGRESS AVE., SUITE 200
CITY - ST - ZIP	FT LAUDERDALE FL	3.4 CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, FANNIN C.	4.2 NAME	
STREET ADDRESS	200 E. LAS OLAS BLVD. STE, 2100	4.3 STREET ADDRESS	1615 S. CONGRESS AVE., SUITE 200
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OHARA, PAUL M	5.2 NAME	RUSSELL KERSH
STREET ADDRESS	200 E LAS OLAS BLVD SUITE 2100	5.3 STREET ADDRESS	1615 S. CONGRESS AVE., SUITE 200
CITY - ST - ZIP	FT LAUDERDALE FL	5.4 CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	<input type="checkbox"/> DELETE	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.

SIGNATURE: *Robert P. Totte* ROBERT P. TOTTE 1-22-97 (561) 243-2134  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)