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Mar 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000000691 (4)

1. Corporation Name
CORPORACION LUCENA S.A.



Principal Place of Business
2600 DOUGLAS ROAD
PH-8
CORAL GABLES FL 33134

Mailing Address
3400 N.E. 192 ST., #403
AVENTURA FL 33180-2453

3. Date Incorporated or Qualified 02/10/1995	3a. Date of Last Report 09/25/1996
4. FEI Number 98-0113336	Applied For <input type="checkbox"/> Not Applicable
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

ENRIQUE, VICIANA
2600 DOUGLAS ROAD PH-8
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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CZARTORYSKI, KAROL H	
STREET ADDRESS	3400 N.E. 192 ST., APT 403	
CITY - ST - ZIP	AVENTURA FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CZARTORYSKI, ALEXANDER	
STREET ADDRESS	PO BOX N7776	
CITY - ST - ZIP	NASSAU, BAHAMAS	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CZARTORYSKI, ALINE	
STREET ADDRESS	PO BOX N7776	
CITY - ST - ZIP	NASSAU, BAHAMAS	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CZARTORYSKI, KAROL H	
1.3 STREET ADDRESS	3400 N.E. 192 ST. APT 403	
1.4 CITY - ST - ZIP	AVENTURA, FL 33180	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CZARTORYSKI, ALEXANDER	
2.3 STREET ADDRESS	P.O. BOX N7776 N/A	
2.4 CITY - ST - ZIP	NASSAU BAHAMAS (N/A)	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CZARTORYSKI, ALINE	
3.3 STREET ADDRESS	PO BOX N7776 N/A	
3.4 CITY - ST - ZIP	NASSAU BAHAMAS (N/A)	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Karol H. Czartoryski* KAROL H. CZARTORYSKI 1.20.1997 Director (242) 3625477

CR2E034 (9/96)