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**Apr 23 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 # F95000005676 (0)

1. Corporation Name
FONTAN ASSOCIATES, INC.



Principal Place of Business
**531-A SERGIO CUEVAS
HATO REY PR 00918
OC**

Mailing Address
**531-A SERGIO CUEVAS
HATO REY PR 00918-2642
OC**

3. Date Incorporated or Qualified **11/20/1995** 3a. Date of Last Report **02/26/1996**

4. FEI Number **66-0401422** 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip 25. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip 29. Country

30. Zip Country

9. Name and Address of Current Registered Agent

**ZORRILLA, JUAN C
201 SOUTH BISCAYNE BLVD., STE. 1402
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 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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE **CPT** DELETE

NAME **SIFONTES, ORVAL E**

STREET ADDRESS **531-A SERGIO CUEVAS**

CITY-ST-ZIP **HATO REY PR 00918**

TITLE **CV** DELETE

NAME **SIFONTES, MARIA D**

STREET ADDRESS **531-A SERGIO CUEVAS**

CITY-ST-ZIP **HATO REY PR 00918**

TITLE **DS** DELETE

NAME **JOVE, SAMUEL H**

STREET ADDRESS **FEDERICO COSTA FINAL #1046, TRES MONJITAS**

CITY-ST-ZIP **HATO REY PR 00917**

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 including, or on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* *[Handwritten Signature]* (709) 710-4913

CR2E034 (9/96)