

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

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G18317 1. Corporation Name		REINSTATEMENT	
SANTIAGO PROPERTIES CORP.		001000019471	
Principal Place of Business		Mailing Address	
2601 So. Bayshore Dr. Suite 1400 Miami, FL 33133		Ccs71 P.O. Box 02-5323 Miami, FL 33102-5323	
2. Principal Place of Business		2a. Mailing Address	
21 2601 So. Bayshore Dr.		26 Ccs 71	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 S-1400		27 P.O. Box 02-5323	
City & State		City & State	
23 Miami, FL		28 Miami, FL	
Zip		Zip	
24 33133		29 33102-5323	
Country		Country	
25		30 USA	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Alfredo G. Duran 2601 So. Bayshore Dr. Miami, FL 33133		81 Name Alfredo G. Duran	
		82 Street Address (P.O. Box Number is Not Acceptable) 2601 So. Bayshore Dr.	
		83 S-1400	
		84 City Miami	
		85 Zip Code FL 33133	
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		DATE	
Signature, typed or printed name of registered agent and title if applicable		Registered Agent signature required when reinstating	
ALFREDO G. DURAN		9-10-01	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Pres/Dir		1.1 TITLE Change Addition	
1.2 NAME Santiago Peisajovich		1.2 NAME 300004617228--6	
1.3 STREET ADDRESS 2601 So. Bayshore Dr., S-1400		1.3 STREET ADDRESS -10/01/01--01020--032	
1.4 CITY-ST-ZIP Miami, FL 33133		1.4 CITY-ST-ZIP ***1350.00 ***1350.00	
2.1 TITLE Secretary/Dir		2.1 TITLE Change Addition	
2.2 NAME Noemi Peisajovich		2.2 NAME	
2.3 STREET ADDRESS 2601 So. Bayshore Dr., S-1400		2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP Miami, FL 33133		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE Change Addition	
3.2 NAME		3.2 NAME	
3.3 STREET ADDRESS		3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE Change Addition	
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE Change Addition	
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE Change Addition	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I 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:		3007859-2696	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
SANTIAGO PEISAJOVICH, Pres/Dir		8/15/01 (3007859-2696) FAX	