

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

**FILED**  
**Mar 14 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 # G21733 (2)**  
 1. Corporation Name  
**CARRERA Y CARRERA, INC.**



Principal Place of Business  
**1270 AVE. OF THE AMERICAS**  
**SUITE 2708**  
**NEW YORK NY 10020**

Mailing Address  
**2 S. BISCAYNE BLVD.**  
**SUITE 3400**  
**MIAMI FL 33131-1897**

3. Date Incorporated or Qualified **02/04/1983** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-2288850** 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 Country

25 Country

26 Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC**  
**ONE BISCAYNE TWR.#3400**  
**2 S. BISCAYNE BLVD.**  
**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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and, if applicable, (NOT) Registered Agent signature required when establishing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DIAZ, MANUEL CARRERA</b>	
STREET ADDRESS	<b>URBANIZACION INTERGOLF</b>	
CITY-ST-ZIP	<b>MADRID, SPAIN</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOYA, JUAN JOSE CARRERA</b>	
STREET ADDRESS	<b>URBANIZACION INTERGOLF</b>	
CITY-ST-ZIP	<b>MADRID, SPAIN</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ISLA, ANTONIO CALVO</b>	
STREET ADDRESS	<b>PASEO ALAMEDA DE OSUNA78</b>	
CITY-ST-ZIP	<b>MADRID, SPAIN</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CRISTOBAL, ROBERTO</b>	
STREET ADDRESS	<b>3 BAYBERRY LN</b>	
CITY-ST-ZIP	<b>WESTPORT CT 06880</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *[Signature]* **Roberto Cristobal** 2/20/97 212 332 3170

CR2E034 (9/96)