

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **G23401** (4)

1. Corporation Name
CRISF, INC.



Principal Place of Business Mailing Address
2150 NW 70TH AVE **2150 NW 70TH AVE**
201 S. BISCAYNE BLVD. 1500 MIAMI CTR **201 S. BISCAYNE BLVD. 1500 MIAMI CTR**
MIAMI FL 33122 **MIAMI FL 33122**
US **US**

3. Date Incorporated or Qualified **02/10/1983** 3a. Date of Last Report **06/20/1995**
 4. FEI Number **59-2264514** 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
CORP CO OF MIAMI
201 S BISCAYNE BLVD
1600 MIAMI CENTER
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 reinstating) Date _____

12. OFFICERS AND DIRECTORS		
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	PAIZ, FERNANDO	
STREET ADDRESS	2150 N.W. 70TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CHAPRA, SAM	
STREET ADDRESS	2150 N.W. 70TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YASER, WALTER	
STREET ADDRESS	2150 N.W. 70TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAMBOA, ARTURO	
STREET ADDRESS	2150 N.W. 70TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAIZ, ROBERTO	
STREET ADDRESS	1830 NW 23 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Paiz, Fernando	
13 STREET ADDRESS	1607 Ponce de Leon Blvd.	
14 CITY - ST - ZIP	Coral Gables, FL 33134-4011	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Arturo Gamboa	
43 STREET ADDRESS	1607 Ponce de Leon Blvd.	
44 CITY - ST - ZIP	Coral Gables, FL 33134-4011	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE: *Fernando Paiz* Date: 6/24/96 Telephone: 305-567-0900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)