

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

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Mar 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G23401 (4)

1. Corporation Name
CRISF, INC.



Principal Place of Business 2160 NW 70TH AVE 201 G. DISCAYNE BLVD. 1600 MIAMI CTR MIAMI FL 33138 US	Mailing Address 3160 NW 70TH AVE 201 G. DISCAYNE BLVD. 1600 MIAMI CTR MIAMI FL 33142-1014 US
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2. Principal Place of Business 21 1607 Ponce de Leon Blvd Suite, Apt #, etc. 22 City & State 23 Coral Gables, FL Zip Country 24 33134-4011 25 USA	2a. Mailing Address 26 1607 Ponce de Leon Blvd. Suite, Apt #, etc. 27 City & State 28 Coral Gables, FL Zip Country 29 33134-4011 30 USA
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3. Date Incorporated or Qualified 02/10/1983	3a. Date of Last Report 07/02/1996
4. FEI Number 59-2264514	Applied For 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	

9. Name and Address of Current Registered Agent

**CORP CO OF MIAMI
 201 S DISCAYNE BLVD
 1600 MIAMI CENTER
 MIAMI FL 33137**

10. Name and Address of New Registered Agent

81 Name **FERNANDO PAIZ**
 82 Street Address (P.O. Box Number is Not Acceptable)
1607 Ponce de Leon Blvd
 83
 84 City **Coral Gables** FL 85 Zip Code **33134**

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, 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: **FERNANDO PAIZ - President** DATE: **JAN 13, 1997**

Sign of principal or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE PDS	<input type="checkbox"/> DELETE
NAME PAIZ, FERNANDO	
STREET ADDRESS 1607 PONCE DE LEON BLVD	
CITY - ST - ZIP CORAL GABLES FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME YAGER, WALTER	
STREET ADDRESS 2160 NW 70TH AVE	
CITY - ST - ZIP MIAMI FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GAMBOA, ARTURO	
STREET ADDRESS 1607 PONCE DE LEON BLVD	
CITY - ST - ZIP CORAL GABLES FL	
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 included 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 and 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. Attach an attachment with an address.

SIGNATURE: **FERNANDO PAIZ - PRESIDENT** DATE: **JAN 13, 1997** PHONE: **305-567-0800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYC DAYTIME PHONE #

CR2E034 (9/96)