

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G93193** (2)

1. Corporation Name
CONSTANCE INVESTMENTS, INC.



Principal Place of Business: **% MAURICE S. BARAKAT, 12455 SW 22 TER, MIAMI FL 33175**
Mailing Address: **% MAURICE S. BARAKAT, 12455 SW 22 TER, MIAMI FL 33175**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc; City & State; Zip; Country.

3. Date Incorporated or Qualified: **03/26/1984**
3a. Date of Last Report: **05/23/1995**
4. FEI Number: **59-2477000**
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

9. Name and Address of Current Registered Agent
BARAKAT, MAURICE S., 12455 SW 22 TER, MIAMI FL 33175

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, Zip Code.

11. Pursuant to the provisions of Sections 607.0505 and 607.1509, 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: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BARAKAT, MAURICE S.	
STREET ADDRESS	12455 SW 22 TER	
CITY-STATE-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BARAKAT, CONSTANCE J.	
STREET ADDRESS	12455 SW 22 TER	
CITY-STATE-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 employed by it; and that I am not qualified for the exemption stated in Section 119.07(3)(g), 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 employed by it; and that I am not qualified for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that I am not qualified for the exemption stated in Section 119.07(3)(g), Florida Statutes and that my name does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes and that my name is not to be excluded from this report as required by Chapter 607, Florida Statutes, and that my name is not to be excluded from this report as required by Chapter 607, Florida Statutes, and that my name is not to be excluded from this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Maurice S. Barakat* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96 552-5896

CR2E034 (12/95)