FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # H15936 (8)

1. Corporation Name
RUDY CECCHI & ASSOCIATES, INC.

Principal Place of Business
7000 S.W. 97TH AVE.
SUITE 200
MIAMI FL 33173

Mailing Address
7000 S.W. 97TH AVE.
SUITE 200
MIAMI FL 33173

3. Date Incorporated or Qualified: 08/10/1984
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2435964 [ ] 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
21 255 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
22 SUITE #710
City & State
23 CORAL GABLES, FLORIDA
Zip: 24 33134 Country: 25 USA

2a. Mailing Address
26 255 ALHAMBRA CIRCLE
Suite, Apt. #, etc.
27 SUITE #710
City & State
28 CORAL GABLES, FLORIDA
Zip: 29 33134 Country: 30 USA

9. Name and Address of Current Registered Agent
CECCHI, RUDOLPH
7000 S.W. 97TH AVE. SUITE 200
MIAMI FL 33173

10. Name and Address of New Registered Agent
81 Name: RUDOLPH CECCHI
82 Street Address (P.O. Box Number is Not Acceptable): 255 ALHAMBRA CIRCLE
83 SUITE #710
84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 02-07-96

12. OFFICERS AND DIRECTORS

TITLE	PST	[ ] DELETE
NAME	CECCHI, RUDOLPH	
STREET ADDRESS	7000 S.W. 97TH AVE. #200	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		XX Change [ ] Addition
12 NAME		
13 STREET ADDRESS	255 ALHAMBRA CIRCLE, SUITE #710	
14 CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I the undersigned, 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 report or supplemental 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, with all other like empowered.

SIGNATURE: RUDOLPH CECCHI, PRESIDENT 02-07-96

CR2E034 (12/95)