


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

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Apr 09 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 # H40802 (1) 1. Corporation Name MCA RANCH, INC.			
Principal Place of Business 316 ROYAL POINCIANA PLAZA PO BOX 1059 PALM BCH. FL 33480-8059		Mailing Address 316 ROYAL POINCIANA PLAZA PO BOX 1059 PALM BCH. FL 33480-1059	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/04/1985		3a. Date of Last Report 03/14/1996	
4. FEI Number 59-2486996		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 checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CARSON, DONALD W. 316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480		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	C	<input type="checkbox"/> DELETE	
NAME	FANJUL, ALFONSO		
STREET ADDRESS	316 ROYAL POINCIANA PL		
CITY - ST - ZIP	PALM BEACH FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	FANJUL, JOSE		
STREET ADDRESS	316 ROYAL POINCIANA PL		
CITY - ST - ZIP	PALM BEACH FL		
TITLE	SVD	<input type="checkbox"/> DELETE	
NAME	CARSON, DONALD W.		
STREET ADDRESS	316 ROYAL POINCIANA PL		
CITY - ST - ZIP	PALM BEACH FL		
TITLE	VT	<input type="checkbox"/> DELETE	
NAME	KANAI, DENNIS J.		
STREET ADDRESS	316 ROYAL POINCIANA PL		
CITY - ST - ZIP	PALM BEACH FL		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	BAKER, DAVID A.		
STREET ADDRESS	321 ROYAL POINCIANA PL		
CITY - ST - ZIP	PALM BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D/C	<input checked="" 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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	del Busto, Jorge		
6.3 STREET ADDRESS	316 Royal Poinciana Plaza		
6.4 CITY - ST - ZIP	Palm Beach, FL 33480		
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: _____ Dennis J. Kanai, Vice President 3/31/97 561-655-6303			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)