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Jan 23 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 # H93126 (1)

1. Corporation Name  
CANTABRICO, INC.



Principal Place of Business: % A.R. MENENDEZ, 150 W FLAGLER ST #2200-ARM, MIAMI FL 33130  
Mailing Address: % A.R. MENENDEZ, 150 W FLAGLER ST #2200-ARM, MIAMI FL 33130

3. Date Incorporated or Qualified: 01/06/1986  
3a. Date of Last Report: 04/04/1996  
4. FEI Number: 59-2627115  
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 [X] No

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: MENENDEZ, ANTONIO R, 150 W FLAGLER ST, SUITE 2200, MUSEUM TOWER, MIAMI FL 33130

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and 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: PD	[ ] DELETE
NAME: FERNANDEZ, NILO	
STREET ADDRESS: 915 MIDDLE RIVER DR.	
CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: DV	[ ] DELETE
NAME: ARCELUS, MIGUEL	
STREET ADDRESS: 915 MIDDLE RIVER DR.	
CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: DS	[ ] DELETE
NAME: FERNANDEZ, JOSEFINA	
STREET ADDRESS: 915 MIDDLE RIVER DR.	
CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: T	[ ] DELETE
NAME: ARCELUS, JAVIER	
STREET ADDRESS: 915 MIDDLE RIVER DR.	
CITY-ST-ZIP: FT. LAUDERDALE FL	
TITLE: [ ] DELETE	
NAME: [ ] DELETE	
STREET ADDRESS: [ ] DELETE	
CITY-ST-ZIP: [ ] DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	[X] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	150 W. Flagler St., #2200-ARM
1.4 CITY-ST-ZIP	Miami, FL 33130
2.1 TITLE	[X] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	150 W. Flagler St., Suite 2200-ARM
2.4 CITY-ST-ZIP	Miami, FL 33130
3.1 TITLE	[X] Change [ ] Addition
3.2 NAME	
3.3 STREET ADDRESS	150 W. Flagler St., #2200-ARM
3.4 CITY-ST-ZIP	Miami, FL 33130
4.1 TITLE	[X] Change [ ] Addition
4.2 NAME	
4.3 STREET ADDRESS	150 W. Flagler St., #2200-ARM
4.4 CITY-ST-ZIP	Miami, FL 33130
5.1 TITLE	[ ] Change [ ] Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	[ ] Change [ ] 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 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; 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: NILO FERNANDEZ 1/08/97 305 9719890  
DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E034 (9/96)