

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J47200 (7)

1. Corporation Name
PARC ISLE, INC.



Principal Place of Business Mailing Address
C/O BAROU, PERERA & ASSOC.
48 EAST FLAGLER STREET, SUITE 368
MIAMI FL 33131 C/O BAROU, PERERA & ASSOC.
48 EAST FLAGLER STREET, SUITE 368
MIAMI FL 33131

3. Date Incorporated or Qualified 12/15/1986	3a. Date of Last Report 01/19/1995
4. FEI Number 59-2756608	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	

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
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9. Name and Address of Current Registered Agent

SCHULTZ, STEVEN A.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400 ONE BISCAYNE TOWER
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number Not Acceptable)	83	84 City	85 Zip Code
	200 S. Biscayne Blvd.	Suite 3150	Miami	FL 33131

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

Steven A. Schultz Vice Pres & Regis. Agent 2/20/96
(NOTE: Registered Agent signature not needed when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SISO, CAROLS P.	1.2 NAME	
STREET ADDRESS	APARTADO 2320	1.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE SISO, PILAR C.	2.2 NAME	
STREET ADDRESS	APARTADO 2320	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ZULOAGA, ANABELLA S.	3.2 NAME	
STREET ADDRESS	APARTADO 2320	3.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, STEVEN A.	4.2 NAME	Schultz, Steven A.
STREET ADDRESS	2 SOUTH BISCAYNE BLVD SUITE 3400	4.3 STREET ADDRESS	200 South Biscayne Blvd. Suite 3150
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	Miami, FL 33131
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Steven A. Schultz Vice Pres 2/20/96 (305) 377-1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)