


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

FILED

Feb 10 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 # J48665 (0) 1. Corporation Name GUAIRE, INC.					
Principal Place of Business BAROUH. PERERA & ASSOCIATES 48 EAST FLAGLER ST., STE 368 CORAL GABLES FL 33131			Mailing Address BAROUH. PERERA & ASSOCIATES 48 EAST FLAGLER ST., STE 368 CORAL GABLES FL 33131-1037		
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 12/15/1986 3a. Date of Last Report 02/26/1996 4. FEI Number 59-2756614 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 type="checkbox"/> No	
9. Name and Address of Current Registered Agent SCHULTZ, STEVEN A. 200 SOUTH BISCAYNE BLVD SUITE 3150 MIAMI FL 33131			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL		
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)					
12. OFFICERS AND DIRECTORS					
TITLE	D	NAME	SISO, CARLOS P.	<input type="checkbox"/> DELETE	
STREET ADDRESS			APARTADO 2320		
CITY - ST - ZIP			CARACAS, VENEZUELA		
TITLE	D	NAME	DE SISO, PILAR C.	<input type="checkbox"/> DELETE	
STREET ADDRESS			APARTADO 2320		
CITY - ST - ZIP			CARACAS, VENEZUELA		
TITLE	D	NAME	DE ZULOAGA, ANABELLA S.	<input type="checkbox"/> DELETE	
STREET ADDRESS			APARTADO 2320		
CITY - ST - ZIP			CARACAS, VENEZUELA		
TITLE	VD	NAME	SCHULTZ, STEVEN A.	<input type="checkbox"/> DELETE	
STREET ADDRESS			200 SOUTH BISCAYNE BLVD, SUITE 3150		
CITY - ST - ZIP			MIAMI FL		
TITLE		NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		1.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.3 STREET ADDRESS		1.4 CITY - ST - ZIP			
2.1 TITLE		2.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.3 STREET ADDRESS		2.4 CITY - ST - ZIP			
3.1 TITLE		3.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.3 STREET ADDRESS		3.4 CITY - ST - ZIP			
4.1 TITLE		4.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.3 STREET ADDRESS		4.4 CITY - ST - ZIP			
5.1 TITLE		5.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.3 STREET ADDRESS		5.4 CITY - ST - ZIP			
6.1 TITLE		6.2 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)