

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

**FILED**

**Jan 24 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 # J86096 (1)**

1. Corporation Name  
**BALLEROY INTERNATIONAL, INC.**



Principal Place of Business  
**8033 N.W. 36TH STREET, SUITE 440  
MIAMI FL 33166**

Mailing Address  
**8033 N.W. 36TH STREET, SUITE 440  
MIAMI FL 33166-6644**

3. Date Incorporated or Qualified **08/07/1987** 3a. Date of Last Report **02/13/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc:

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Not Applicable

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ISICOFF, ERIC D., ESQ.  
1101 BRICKELL AVENUE  
SUITE 704  
MIAMI FL 33131**

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

Signature of officer, director, or registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RIBADENEIRA, DIEGO</b>	
STREET ADDRESS	<b>8033 N.W. 36TH STREET, SUITE 440</b>	
CITY - ST - ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>RIBADENEIRA, DANIELA</b>	
STREET ADDRESS	<b>8033 NW 36 ST. STE. 440</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<b>V (ONLY)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RIBADENEIRA DANIELA</b>	
1.3 STREET ADDRESS	<b>8033 NW 36TH ST. STE 440</b>	
1.4 CITY - ST - ZIP	<b>MIAMI, FL 33166</b>	
2.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MENENDEZ GEORGINA</b>	
2.3 STREET ADDRESS	<b>8033 NW 36TH ST. STE 440</b>	
2.4 CITY - ST - ZIP	<b>MIAMI, FL 33166</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Daniela Ribadeneira** (305) **DANIELA RIBADENEIRA** 1/2/97 597 9044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)