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May 02 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 # K04188 (4)
Corporation Name
GARCIA PROPERTIES, INC.



Principal Place of Business Mailing Address
% MARTIN A. GARCIA % MARTIN A. GARCIA
2104 LYTHAM LN. 2104 LYTHAM LN.
TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-3868

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
11/30/1987 05/01/1996
4. FEI Number Applied for
59-2861164 Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fee Required
6. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GARCIA, MARTIN A
4011 ORTEGA BLVD
JACKSONVILLE FL 32210

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
1. TITLE 1. NAME
2. STREET ADDRESS 2. STREET ADDRESS
3. CITY-ST-ZIP 3. CITY-ST-ZIP
4. TITLE 4. NAME
5. STREET ADDRESS 5. STREET ADDRESS
6. CITY-ST-ZIP 6. CITY-ST-ZIP
7. TITLE 7. NAME
8. STREET ADDRESS 8. STREET ADDRESS
9. CITY-ST-ZIP 9. CITY-ST-ZIP
10. TITLE 10. NAME
11. STREET ADDRESS 11. STREET ADDRESS
12. CITY-ST-ZIP 12. CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.1 NAME
1.2 STREET ADDRESS 1.2 STREET ADDRESS
1.3 CITY-ST-ZIP 1.3 CITY-ST-ZIP
2.1 TITLE 2.1 NAME
2.2 STREET ADDRESS 2.2 STREET ADDRESS
2.3 CITY-ST-ZIP 2.3 CITY-ST-ZIP
3.1 TITLE 3.1 NAME
3.2 STREET ADDRESS 3.2 STREET ADDRESS
3.3 CITY-ST-ZIP 3.3 CITY-ST-ZIP
4.1 TITLE 4.1 NAME
4.2 STREET ADDRESS 4.2 STREET ADDRESS
4.3 CITY-ST-ZIP 4.3 CITY-ST-ZIP
5.1 TITLE 5.1 NAME
5.2 STREET ADDRESS 5.2 STREET ADDRESS
5.3 CITY-ST-ZIP 5.3 CITY-ST-ZIP
6.1 TITLE 6.1 NAME
6.2 STREET ADDRESS 6.2 STREET ADDRESS
6.3 CITY-ST-ZIP 6.3 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: Vincent L. Garcia, III

4/17/97

CR2E034 (9/96)