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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K32271** **(4)**

1. Corporation Name
CATALPA CORPORATION

Principal Place of Business	Mailing Address
~~%REGISTERED AGENT OFFICE INC~~ ~~601 BRICKELL KEY DR., # 501~~ ~~MIAMI FL 33131~~	~~%REGISTERED AGENT OFFICE INC~~ ~~601 BRICKELL KEY DR., # 501~~ ~~MIAMI FL 33131-2650~~
1223 S.W. 4th St., 2nd Fl Miami FL 33135	1223 S.W. 4th St., 2nd Fl Miami FL 33135

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/02/1988	04/23/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 98-0053642	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 / Country 25	Zip 29 / Country 30	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 ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~REGISTERED AGENT OFFICE INC.~~ ~~601 BRICKELL KEY DRIVE # 501~~ ~~MIAMI FL 33131~~ Agustin de Goytisolo, P.A., Esq. 1223 S.W. 4th Street, 2nd Floor Miami FL 33135	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE 02/05/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DE GOYTISOLO, AGUSTIN	1.2 NAME	
STREET ADDRESS	~~601 BRICKELL KEY DR., # 501~~ 1223 S.W. 4 St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33131~~ 2nd Fl., Miami FL 33135	1.4 CITY-ST-ZIP	
TITLE	VT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	AGUILERA, MARIA,DE LA	2.2 NAME	
STREET ADDRESS	201 SEVILLA AVE., SUITE 213	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	~~AS~~ ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	~~GUTIERREZ, RENALDY, J~~	3.2 NAME	
STREET ADDRESS	~~601 BRICKELL KEY DR., # 501~~	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33131~~	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Maria de la Aguilera Vice-Pres. 4/3/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #