


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # K33878 (5)
 1. Corporation Name
PEDRO REALTY SO. FLORIDA, INC.



Principal Place of Business C/O JULIA H. RIQUELME 12777 S.W. 88 ST. MIAMI FL 33186	Mailing Address C/O JULIA H. RIQUELME 12777 S.W. 88 ST. MIAMI FL 33186
--	--

2. Principal Place of Business 21 8701 SW 137 AVE	2a. Mailing Address 26 8701 S.W. 137 AVE	3. Date Incorporated or Qualified 09/23/1988	3a. Date of Last Report 05/01/1995
22 Suite, Apt. #, etc. 103	27 Suite, Apt. #, etc. 103	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
23 City & State MIAMI FL	28 City & State MIAMI FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 33183	25 Country USA	29 Zip 33183	30 Country USA
9. Name and Address of Current Registered Agent RIQUELME, JULIA H 12777 SW 88TH ST MIAMI FL 33186		10. Name and Address of New Registered Agent 81 Name JULIA H. RIQUELME 82 Street Address (P.O. Box Number is Not Acceptable) 14536 SW 9672 83 MIAMI FL 84 City MIAMI 85 Zip Code 33186	

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's signature required when re-registering.) DATE _____

12. OFFICERS AND DIRECTORS		DELETE
TITLE	STD	<input type="checkbox"/>
NAME	RIQUELME, JULIA H.	
STREET ADDRESS	12777 S.W. 88TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/>
NAME	RIQUELME, JULIA H	
STREET ADDRESS	12777 SW 88TH ST	
CITY - ST - ZIP	MIAMI	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	President	<input type="checkbox"/>	<input type="checkbox"/>
12 NAME			
13 STREET ADDRESS			
14 CITY - ST - ZIP			
21 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
22 NAME			
23 STREET ADDRESS			
24 CITY - ST - ZIP			
31 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
32 NAME			
33 STREET ADDRESS			
34 CITY - ST - ZIP			
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julia H. Riquelme* 5/30/96 305-386-3333
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E034 (3/96)