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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 # K66614 (4)

1. Corporation Name  
EL ZENZONTLE, INC.

Principal Place of Business  
1607 PONCE DE LEON BLVD.  
SUITE 1010  
CORAL GABLES FL 33134

Mailing Address  
1607 PONCE DE LEON BLVD.  
SUITE 1010  
CORAL GABLES FL 33134-4011



3. Date Incorporated or Qualified 02/15/1989  
3a. Date of Last Report 08/23/1996

2. Principal Place of Business 1607 Ponce De Leon Blvd.  
2a. Mailing Address Same  
4. FEI Number 65-0163754  
Applied For Not Applicable

22. Suite, Apt. #, etc. Suite 101  
27. Suite, Apt. #, etc.  
5. Certificate of Status Desired \$8.75 Additional Fee Required

23. City & State Coral Gables, Fl  
28. City & State  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24. Zip 33134 Country Dade  
29. Zip Country  
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

NUNEZ, ALEJANDRO  
1607 PONCE DE LEON BLVD.  
CORAL GABLES FL 33134-4

81. Name Alejandro Nunez  
82. Street Address (P.O. Box Number is Not Acceptable) 1607 Ponce De Leon Blvd,  
83. Suite 101  
84. City Coral Gables, FL 85. Zip Code 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	
NAME	MARENCO, RICARDO	1.2 NAME	
STREET ADDRESS	1550 S.W. 1ST ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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] 2/25/97 305-541-7331  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)