

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
300 SOUTH WASHINGTON  
TALLAHASSEE, FLORIDA  
32399-0001

APPROVED  
AND  
FILED

95 MAY -1 PM 3:26

DOCUMENT # **L09363** (7)

**ELENA DE SOCARRAZ, P.A.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Principal Office Address 800 DOUGLAS RD. SUITE 170. BLDG B CORAL GABLES FL 33134		2. Mailing Address 800 DOUGLAS RD. SUITE 170 BLDG B 160 CORAL GABLES FL 33134 US		3. Date of Incorporation/Reincorporation <b>08/14/1989</b>	3a. Date of Last Report <b>04/28/1994</b>
21. Home Office City/State/Zip <b>800 DOUGLAS RD</b>	26. Mailing Address City/State/Zip <b>800 DOUGLAS RD.</b>	4. FEI Number <b>65-0157220</b>	4. Filing Status Applies For: <input type="checkbox"/> Not Applicable		
22. Suite Apt # of Office <b>SUITE 160, BLDG. B</b>	27. Suite Apt # of Mailing Office <b>SUITE 160, BLDG. B</b>	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City/State/Zip of Office <b>CORAL GABLES, FL</b>	28. City/State/Zip of Mailing Office <b>CORAL GABLES, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. ZIP <b>33134</b>	25. ZIP <b>33134</b>	29. ZIP <b>33134</b>	30. Country <b>USA</b>	8. This corporation has liability for ad valorem tax under S. 199.001, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SOCARRAZ, ELENA DE 7005 SW 105 COURT MIAMI FL 33173</b>		10. Name and Address of New Registered Agent			
		81. Name			
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83.			
		84. City	<b>FL</b>	85. Zip Code	

11. Pursuant to the provisions of Sections 610.01, 610.02, and 617.1509, Florida Statutes, this filer named corporation submits this statement for the purpose of changing its registered office as registered agent of 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 not aware of any other change of office for this year. Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGE OF OFFICERS AND DIRECTORS	
NAME	<b>D SOCARRAZ, ELENA DE 800 DOUGLAS RD, 160B CORAL GABLES FL</b>	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		2. NAME	
CITY		3. NAME	
STATE		4. NAME	
ZIP		5. NAME	
OFFICE ADDRESS		6. NAME	
CITY		7. NAME	
STATE		8. NAME	
ZIP		9. NAME	
OFFICE ADDRESS		10. NAME	
CITY		11. NAME	
STATE		12. NAME	
ZIP		13. NAME	
OFFICE ADDRESS		14. NAME	
CITY		15. NAME	
STATE		16. NAME	
ZIP		17. NAME	
OFFICE ADDRESS		18. NAME	
CITY		19. NAME	
STATE		20. NAME	
ZIP		21. NAME	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true, and comply for the requirements stated in Sections 119.071-119.07306, Florida Statutes. I further certify that the information contained in the annual report or report of annual report is true and accurate and that my corporation shall waive the same liabilities for at least one year. If I am unable to deliver to the corporation or the person empowered to receive the report as required by Chapter 119, Florida Statutes, and that my name appears on the F-1, or F-1A, I consent to be liable for the report with its address.

SIGNATURE: *Elena de Socarraz* ELENA DE SOCARRAZ 4/27/95 (305) 440-1306  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR