FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **L42475** **(8)**

1. Corporation Name
KEKA, INC.

Principal Place of Business
% NELSON SLOSBERGAS
520 BRICKELL KEY DRIVE. SUITE 305
MIAMI FL 33131

Mailing Address
% NELSON SLOSBERGAS
520 BRICKELL KEY DRIVE. SUITE 305
MIAMI FL 33131

3. Date Incorporated or Qualified: 01/16/1990
3a. Date of Last Report: 03/23/1995

2. Principal Place of Business
21 501 Brickell Key Drive
Suite, Apt. #, etc.
22 Suite 400
City & State
23 Miami, Florida
Zip 24 33131 Country 25 U.S.A.

2a. Mailing Address
26 501 Brickell Key Drive
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Miami, Florida
Zip 29 33131 Country 30 U.S.A.

4. FEI Number: 65-0227462 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

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 [XX] Yes [ ] No

9. Name and Address of Current Registered Agent
SLOSBERGAS, NELSON
520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: SLOSBERGAS, NELSON
82 Street Address (P.O. Box Number is Not Acceptable): 501 Brickell Key Drive
83 Suite 400
84 City: Miami, FL 85 Zip Code: 33131

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

TITLE	DP	[ ] DELETE
NAME	SANTOS, PAULO	
STREET ADDRESS	520 BRICKELL KEY DR #305	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	[X] Change [ ] Addition
1.2 NAME	SANTOS, PAULO	
1.3 STREET ADDRESS	501 Brickell Key Drive, Suite 400	
1.4 CITY-ST-ZIP	Miami, FLorida 33131	
2.1 TITLE	D	[ ] Change [XX] Addition
2.2 NAME	SANTOS,VERA	
2.3 STREET ADDRESS	501 Brickell Key Drive, Suite 400	
2.4 CITY-ST-ZIP	Miami, Florida 33131	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paulo Santos 4/3/96 (305) 374-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)