

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L54040** (5)

1. Corporation Name
ALDEMA MIAMI BEACH INVESTMENT CORPORATION



Principal Place of Business: **1198 VENETIAN WAY, 10205 COLLINS AVE, MIAMI FL 33139, US**
Mailing Address: **1528 NE QUAYSIDE TERR, 10205 COLLINS AVE, MIAMI FL 33138, US**

2. Principal Place of Business: **21**
3. Date Incorporated or Qualified: **03/01/1990**
3a. Date of Last Report: **03/13/1995**
4. Filing Number: **65-0176009**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **WASERTEIN, RICHARD, 740-71ST STREET, MIAMI BEACH FL 33141**
10. Name and Address of New Registered Agent: **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 607.041 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0406, Florida Statutes.

SIGNATURE: *[Signature]*
DATE: **4/8/96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DELLER, ALBERTO	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELLER, FRIDA	
STREET ADDRESS	CASILLA 2036	
CITY-ST-ZIP	QUITO, ECUADOR	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DELLER, MICHEL	
STREET ADDRESS	P.O. BOX 2036 N/A	
CITY-ST-ZIP	QUITO EC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DELLER, PIERCE	
STREET ADDRESS	P.O. BOX 2036 N/A	
CITY-ST-ZIP	QUITO EC	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DELLER, HELLEN DE BEIT	
STREET ADDRESS	P.O. BOX 2036 N/A	
CITY-ST-ZIP	QUITO EC	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

14. I do hereby certify that the information provided on this filing is voluntary, true, and correct, and that the corporation does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that I am an officer or director of the corporation or trustee or employee thereof, and that my signature shall have the same legal effect as if made under oath, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: *[Signature]* MICHEL DELLER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

CR2E034 (12/95)