

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Sep 11 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 # L58740
 1. Corporation Name
ALBATROSS PROPERTIES, INC.

Principal Place of Business Mailing Address
4131 Laguna Street
Coral Gables, FL 33146

3. Date Incorporated or Qualified 3a. Date of Last Report
03/21/1990 **05/24/96**

2. Principal Place of Business	2a. Mailing Address
21 c/o 5200 Blue Lagoon Drive	26 c/o 5200 Blue Lagoon Drive
22 Suite Apt. #, etc. Suite 700	27 Suite Apt. #, etc. Suite 700
23 City & State Miami, Florida	28 City & State Miami, Florida
24 Zip 33126 Country USA	29 Zip 33126 Country USA

4. FEI Number Applied For
65-0255588 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 Yes No

9. Name and Address of Current Registered Agent
MARTIN, PEDRO A.
Baker & McKenzie
701 Brickell Avenue S 1600
Miami, Florida 33131

10. Name and Address of New Registered Agent

81 Name	MIAMI CORPORATE SYSTEMS, INC.
82 Street Address (P.O. Box Number is Not Acceptable)	5200 Blue Lagoon Drive.
83	Suite 700
84 City	Miami
85 Zip Code	FL 33126

11. Pursuant to the provisions of Sections 607.0512 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* **Luis A. Perez, Vice President** **9/5/97**
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	MD	<input type="checkbox"/> DELETE
NAME	GARCIA, GIL	
STREET ADDRESS	4131 Laguna Street	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GAVITO, JOSE	
STREET ADDRESS	4131 Laguna Street	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANCHEZ, GIL G.	
1.3 STREET ADDRESS	c/o Benito Cardona, 7400 SW 50 Terr #200	
1.4 CITY-ST-ZIP	Miami, Florida 33155	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANCHEZ, JULIAN G.	
2.3 STREET ADDRESS	c/o Benito Carmona, 7400 SW 50 Terr #200	
2.4 CITY-ST-ZIP	Miami, Florida 33155	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(c), 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]* **Gil G. Sanchez, Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

RAW
9-11-97

300002290993
-09/11/97--01110--010
*****550.00**