

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L73561

(7)

1. Corporation Name
BRYANA, INC.

Principal Place of Business:

5779 S.W. 53 TERR.
MIAMI FL 33155

Mailing Address:

5779 S.W. 53 TERR.
MIAMI FL 33155-6333

2. Principal Place of Business:

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

g. Name and Address of Current Registered Agent

CASSINERA, ADRIANA
5779 S.W. 53 TERR.

MIAMI FL 33155

2a. Mailing Address:

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 607.0947 and 607.1503, 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 607.0906, Florida Statutes.

SIGNATURE

(Signature of person filing this report is required for all reports.)

(Signature of registered agent is required for all reports.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	P MARES, JUAN C	5779 S.W. 53 TERR.	MIAMI FL 33155
	D CASSINERA, ADRIANA	5779 S.W. 53 TERR.	MIAMI FL 33155
	D MARES, ANA	5779 S.W. 53 TERR.	MIAMI FL 33155

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY-STATE-ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY-STATE-ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY-STATE-ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY-STATE-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 addendum with an address.

SIGNATURE:

FILED
Apr 24 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified: 05/17/1990
3a. Date of Last Report: 07/11/1996
4. FLE Number: 65-0348602
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
10. Name and Address of New Registered Agent

052E034 (9/96)

4-15-97 305-169-9295