

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L76329 (6)
1. Corporation Name
FLORIDA INTERNATIONAL FINANCIAL SERVICES CORPORATION



Principal Place of Business 4471 NW 36TH ST SUITE 252 MIAMI SPRINGS FL 33166	Mailing Address 4471 NW 36TH ST SUITE 252 MIAMI SPRINGS FL 33166-7259
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3. Date Incorporated or Qualified 05/30/1990	3a. Date of Last Report 04/22/1996
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21. Principal Place of Business 4471 NW 36 STREET	26. Mailing Address 4471 NW 36 STREET
22. Suite, Apt. #, etc. SUITE 256	27. Suite, Apt. #, etc. SUITE 256
23. City & State Miami Springs, FL	28. City & State Miami Springs, FL
24. Zip 33166	25. Country USA
29. Zip 33166	30. Country USA

4. FEI Number 65-0196437	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**OLIVA, ARTURO
516 MINOLA DR.
MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent

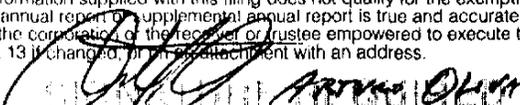
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OLIVA, ARTURO		1.2 NAME	
STREET ADDRESS 516 MINOLA DR.		1.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI SPRINGS FL 33166		1.4 CITY- ST- ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIANA T. FRAVIDA-OLIVA		2.2 NAME	
STREET ADDRESS 516 MINOLA DR.		2.3 STREET ADDRESS	
CITY- ST- ZIP MIAMI SPRINGS, FL 33166		2.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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)(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 in an attachment with an address.

SIGNATURE:  **Arturo Oliva** Date: **4/22/97** Daytime Phone: **(305) 888-9222**

CR2E034 (9/96)