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 # **L88963** **(8)**

1. Corporation Name
OCASA MIAMI INC.

Principal Place of Business
% CARLOS A. ROMERO, JR., P.A.
3195 PONCE DE LEON BLVD #200
CORAL GABLES FL 33134

Mailing Address
% CARLOS A. ROMERO, JR., P.A.
3195 PONCE DE LEON BLVD #200
CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 07/25/1990
3a. Date of Last Report: 03/28/1995

4. FEI Number: 65-0206896 — Applied For / Not Applicable

2. Principal Place of Business
21 1921-23 N.W. 82nd Ave.
22 Suite, Apt. #, etc.
23 City & State: Miami, FL
24 Zip: 33126 25 Country: USA

2a. Mailing Address
26 151 Majorca Ave.
27 Suite, Apt. #, etc.: Suite C
28 City & State: Coral Gables, FL
29 Zip: 33134 30 Country: USA

5. Certificate of Status Desired: [X] **$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
CARLOS A. ROMERO, JR., P.A.
3195 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name: Gabriel Prats
82 Street Address (P.O. Box Number is Not Acceptable): 151 Majorca Ave. # C
83
84 City: Coral Gables FL 85 Zip Code: 33134

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: _____ Date: 2-5-96

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	ABBATE, NORBERTO A	
STREET ADDRESS	HILARON DE LA QUI #3550	
CITY, ST, ZIP	OLIVOS BUENOS AIRES AR	
TITLE	VS	[ ] DELETE
NAME	PINTO KRAMER, FERNANDO	
STREET ADDRESS	ALBARELLOS 2233	
CITY, ST, ZIP	MARTINEZ BUENOS AIRES	
TITLE	T	[ ] DELETE
NAME	CHIARELLO, ANGEL	
STREET ADDRESS	ARANGUREN 2157	
CITY, ST, ZIP	CAPITAL FEDERAL	
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	[ ] Change [ ] Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	[ ] Change [ ] Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
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: _____ 2-6-96 (305) 591-1473
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)