

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L95871**

1. Corporation Name
Santana Insulators, Inc.

Principal Place of Business: **520 Brickell Key Drive Suite 0-305 Miami, Florida 33131**
Mailing Address: **520 Brickell Key Drive Suite 0-305 Miami, Florida 33131**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **08-27-1990**
3a. Date of Last Report: **01-25-1995**
4. FEI Number: **65-0234637**
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

**John H. Friedhoff
100 S. E. 2nd Street
17th Floor
Miami, Florida 33127**

10. Name and Address of New Registered Agent

81 Name: **Stephen A. Freeman**
82 Street Address (P.O. Box Number is Not Acceptable): **520 Brickell Key Drive**
83 **Suite 0-305**
84 City: **Miami** FL 85 Zip Code: **33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509 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 607.0105 Florida Statutes.

SIGNATURE: *[Signature]*

12. OFFICERS AND DIRECTORS

TITLE	P,T,D	<input checked="" type="checkbox"/> DELETE
NAME	Salgado, Flavio Macedo	
STREET ADDRESS	2150 N. W. 95th Avenue	
CITY-ST-ZIP	Miami, Florida 33128	
TITLE	VP,D	<input checked="" type="checkbox"/> DELETE
NAME	Couveia, Juao C.	
STREET ADDRESS	2150 N. W. 95th Avenue	
CITY-ST-ZIP	Miami, Florida 33128	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	Lopes, Jose Rafael	
STREET ADDRESS	2150 N. W. 95th Avenue	
CITY-ST-ZIP	Miami, Florida 33128	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	Mauricio, Sergio D.	
STREET ADDRESS	2150 N. W. 95th Avenue	
CITY-ST-ZIP	Miami, Florida 33128	
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

11 TITLE	P,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lopes, Horacio Jr.	
13 STREET ADDRESS	520 Brickell Key Drive, Suite 0-305	
14 CITY-ST-ZIP	Miami, Florida 33131	
21 TITLE	VP,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Hughes, James F.	
23 STREET ADDRESS	520 Brickell Key Drive, Suite 0-305	
24 CITY-ST-ZIP	Miami, Florida 33131	
31 TITLE	S,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Gouveia, Joao Carlos dos Santos	
33 STREET ADDRESS	520 Brickell Key Drive, Suite 0-305	
34 CITY-ST-ZIP	Miami, Florida 33131	
41 TITLE	T,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Mauricio, Sergio Ruas Dias	
43 STREET ADDRESS	520 Brickell Key Drive, Suite 0-305	
44 CITY-ST-ZIP	Miami, Florida 33131	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	500001769185	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-04/04/96--01044--013	
63 STREET ADDRESS	***200.00	
64 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96 (305)599-0492
DATE DAY/MONTH/YEAR

CR2E034 (12/95)

3-19-96