

5-2-97 B-6174 C-
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 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 # M02512 (5)

1. Corporation Name
OVANDO ASSOCIATES, INC.



Principal Place of Business: **33 N. DEARBORN CHICAGO IL 60602**

Mailing Address: **38 NORTHGATE ROAD RIVERSIDE IL 60546-1639**

2. Principal Place of Business: **31**

2a. Mailing Address: **26 120 Broadview Village St. Suite, Apt. #, etc. # 423**

City & State: **27 Broadview, IL**

Zip: **28 IL 60543** Country: **29 USA**

3. Date Incorporated or Qualified: **07/05/1984**

3a. Date of Last Report: **04/15/1996**

4. FEI Number: **59-2449323**

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
**BARCARDI, JOAQUIN F JR.
 1205 MARIPOSA AVE., #328
 CORAL GABLES FL 33146**

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 resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE: V.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BACARDI, RUTH OVANDO		1.2 NAME: ZUZIAK, RONALD, C.	
STREET ADDRESS: 38 NORTHGATE ROAD		1.3 STREET ADDRESS: 1953 Redwood Lane	
CITY-ST-ZIP: RIVERSIDE IL 60546		1.4 CITY-ST-ZIP: Hanover Park, IL 60103	
TITLE: VD	<input type="checkbox"/> DELETE	2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HUNSBERGER, LYNDA G		2.2 NAME: Perry Kriebel	
STREET ADDRESS: 38 NORTHGATE ROAD		2.3 STREET ADDRESS: 2033 Lakeview, SW	
CITY-ST-ZIP: RIVERSIDE IL 60546		2.4 CITY-ST-ZIP: Albuquerque, NM 87105	
TITLE: CS	<input type="checkbox"/> DELETE	3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: OVANDO, VICTOR M		3.2 NAME: Jung Wernli	
STREET ADDRESS: 1351 S. WOLF RD.		3.3 STREET ADDRESS: Bahnhofstrasse 10	
CITY-ST-ZIP: HILLSIDE IL 60162		3.4 CITY-ST-ZIP: CH-9100 Herisau	
TITLE: TD	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HUNSBERGER, RICHARD D		4.2 NAME:	
STREET ADDRESS: 38 NORTHGATE ROAD		4.3 STREET ADDRESS:	
CITY-ST-ZIP: RIVERSIDE IL 60546		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 on an attachment with an address.

SIGNATURE:  **Ruth O. Bacardi** 4/24/97 (312)422-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)