

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

FILED

Apr 09 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 # **M23094** (9)
1. Corporation Name
PICASO BUSINESS INC.

Principal Place of Business P.O. BOX 337547 MIAMI FL 33255	Mailing Address P.O. BOX 337547 MIAMI FL 33255-7547
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2. Principal Place of Business 21 4871 W FLAGLER ST Suite, Apt. #, etc. 22 City & State 23 MIAMI Florida Zip 24 33134		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 DADE		3. Date Incorporated or Qualified 11/07/1985		3a. Date of Last Report 04/16/1996	
				4. FEI Number 59-2659217		Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CASTILLO, NOEL
4700 NW 7TH ST., SUITE 438
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name	CASTILLO - NOEL
82 Street Address (P.O. Box Number is Not Acceptable)	4871 W FLAGLER ST
83	
84 City	MIAMI
85 Zip Code	FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	PT
NAME	CASTILLO, NOEL	1.2 NAME	CASTILLO - NOEL
STREET ADDRESS	4700 NW 7TH ST #438	1.3 STREET ADDRESS	4871 W FLAGLER ST
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI FL 33134
TITLE	S	2.1 TITLE	
NAME	CASTILLO, SECUNDINO	2.2 NAME	
STREET ADDRESS	1212 NW 33RD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	
NAME	PINEIRO, JORGE F	3.2 NAME	
STREET ADDRESS	11877 SW 47 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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, unchanged, or on an attachment with an address.

SIGNATURE:

NOEL CASTILLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)