

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

FILED

Jan 15 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 # M26611 (7)
1. Corporation Name
LESPRICA INTERNATIONAL INC.



Principal Place of Business: C/O CAPRILES, GUILLERMO
20281 EAST COUNTRY CLUB DRIVE
MIAMI FL 33180
US

Mailing Address: CAPRILES, GUILLERMO
20281 EAST COUNTRY CLUB DRIVE
MIAMI FL 33180-3010
US

3. Date Incorporated or Qualified: 01/29/1986
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

4. FEI Number: 59-2162347
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
CAPRILES, GUILLERMO
20281 EAST COUNTRY CLUB DRIVE
UNIT 1202
MIAMI FL 33180

10. Name and Address of New Registered Agent
81 Name: Guillermo CAPRILES
82 Street Address (P.O. Box Number is Not Acceptable): 690 GREEN RIVER LANE
83
84 City: DAVIE FL 85 Zip Code: 33325

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] DATE: 1-6-97

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	CAPRILES, LUIS A	
STREET ADDRESS	20281 EAST COUNTRY CLUB DRIVE, UNIT 1202	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CAPRILES, GUILLERMO	
STREET ADDRESS	20281 EAST COUNTRY CLUB DRIVE, UNIT 1202	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CAPRILES, JOSEFINA	
STREET ADDRESS	20281 EAST COUNTRY CLUB DRIVE, UNIT 1202	
CITY-ST-ZIP	NORTH MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MARIQUE ISABELA	
STREET ADDRESS	690 GREEN RIVER LANE	
CITY-ST-ZIP	DAVIE, FL 33325-1247	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and dated 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] DATE: 1-6-97 DAYTIME PHONE #: 954-723-0082

CR2E034 (9/96)