

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

FILED

Feb 04 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 # M33961 (7)
1. Corporation Name
BURMON INVESTMENTS, INC.



Principal Place of Business Mailing Address
1190 BAY STREET 1190 BAY STREET
MIAMI BEACH FL 33141 MIAMI BEACH FL 33141-3825

3. Date Incorporated or Qualified 06/19/1986 3a. Date of Last Report 11/13/1996
4. FEI Number 59-2710094 Applied For Not Applicable
6. 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BURGOS, RAFAEL F
1190 BAY DRIVE
MIAMI BEACH FL 33141

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BURGOS, RAFAEL F. [] DELETE	1.1 TITLE	[] Change [] Addition
NAME	BURGOS, RAFAEL F.	1.2 NAME	
STREET ADDRESS	1190 BAY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	
TITLE	Y BURGOS, YOLANDA M. [] DELETE	2.1 TITLE	[] Change [] Addition
NAME	BURGOS, YOLANDA M.	2.2 NAME	
STREET ADDRESS	1190 BAY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	2.4 CITY-ST-ZIP	
TITLE	S BURGOS, RAFAEL JR. [] DELETE	3.1 TITLE	[] Change [] Addition
NAME	BURGOS, RAFAEL JR.	3.2 NAME	
STREET ADDRESS	1190 BAY DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	V BURGOS-ZARATE, YOLANDA [] DELETE	4.1 TITLE	[] Change [] Addition
NAME	BURGOS-ZARATE, YOLANDA	4.2 NAME	
STREET ADDRESS	305 N. SHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	4.4 CITY-ST-ZIP	
TITLE	M BURGOS, MARCO A [] DELETE	5.1 TITLE	[] Change [] Addition
NAME	BURGOS, MARCO A	5.2 NAME	
STREET ADDRESS	780 W. 50TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	5.4 CITY-ST-ZIP	
TITLE	[] DELETE	6.1 TITLE	[] Change [] 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/27/97 (305)8653867

CR2E034 (9/96)