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May 05 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 # M35487 (1)

1. Corporation Name
SPACIOS, A DESIGN GROUP INC.



Principal Place of Business: C/O CECILIA ALVAREZ, 7321 NW 56 ST., MIAMI FL 33168
Mailing Address: C/O CECILIA ALVAREZ, 3595 NW 74 ST., MIAMI FL 33147-5825, US

3. Date Incorporated or Qualified: 07/21/1986
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business: 21 3595 NW 74 St.
2a. Mailing Address: 26 3595 NW 74 St.

4. FEI Number: 59-2772736
Applied For: Not Applicable

22. Suite Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. City & State: Miami, FL

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip: 33147
25. Country: USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

28. City & State: Miami, Florida
29. Zip: 33147
30. Country: USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALVAREZ, CECILIA
1771 SW 131ST PLACE CIRCLE SOUTH
MIAMI FL 33175

81 Name: Alvarez, Cecilia
82 Street Address (P.O. Box Number is Not Acceptable): 6201 SW 83 AVENUE
84 City: MIAMI
85 Zip Code: FL 33143

11. Pursuant to the provisions of Sections 607.0507 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]
Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE: 3-25-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Contains entries for PD ALVAREZ, CECILIA and VPD LOPEZ, CARLOS A.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Includes checkboxes for Change and Addition.

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 in an attachment with an address.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4/21/97
Daytime Phone: 305 696-1766

CR2E034 (9/96)