

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

3-395 B-1786 C

APPROVED AND FILED

95 MAR -3 AM 8:26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # M37566 (0)
 1. Corporation Name
STANNER CORPORATION

Principal Place of Business Mailing Address
 C/O MENENDEZ, ANTONIO R. C/O MENENDEZ, ANTONIO R.
 150 W.FLAGLER ST.,#2200 150 W.FLAGLER ST.,#2200
 MIAMI FL 33130 MIAMI FL 33130

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/28/1986
 3a. Date of Last Report 03/02/1994
 4. FEI Number 59-2754413 Applied For Not Applicable
 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

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
 MENENDEZ, ANTONIO R.
 150 W.FLAGLER ST.,#2200
 MUSEUM TOWER
 MIAMI FL 33130

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 _____ DATE _____
(Print or type the printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required after reorganization)

12. OFFICERS AND DIRECTORS
 12.1 TITLE PSD
 12.2 NAME BASSAL, MAURICE
 12.3 STREET ADDRESS 150 W.FLAGLER ST.,#2200
 12.4 CITY-ST- ZIP MIAMI FL
 12.5 TITLE V
 12.6 NAME ABADI DE BASSAL, CHOCHAN
 12.7 STREET ADDRESS 150 W.FLAGLER ST.
 12.8 CITY-ST- ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST- ZIP
 2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST- ZIP
 3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST- ZIP
 4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST- ZIP
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST- ZIP
 6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST- ZIP

14. I hereby certify that the information supplied with this filing is voluntarily prepared and does not comply for the exemption stated in Sections 110.07(9)(b), 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. I am an officer or director of this corporation or the treasurer 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 of changed or newly attachment with an address.

SIGNATURE: *Maurice Bassal* MAURICE BASSAL 3/26/95
(Type Name)