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FILED

Apr 02 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 # M38112 (2)

1. Corporation Name  
CASURINA, INC.



Principal Place of Business

801 BRICKELL AVE  
SUITE 1901  
MIAMI FL 33131

Mailing Address

1600 MICANOPY AVE.  
SUITE 1901  
COCONUT GROVE FL 33133-2510  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

09/09/1986

3a. Date of Last Report

01/30/1996

4. FEI Number

59-2746761

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

9. Name and Address of Current Registered Agent

SPENCER, THOMAS R., JR.  
801 BRICKELL AVE., SUITE 1901  
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	XX DELETE
NAME	MEDINA DE GONZALEZ, ROSA	
STREET ADDRESS	1600 MICANOPY AVE.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ALDUNCIN, GUILLERMINA	
STREET ADDRESS	1600 MICANOPY AVE.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	T	XX DELETE
NAME	GONZALEZ LEWIS, GUSTAVO	
STREET ADDRESS	1600 MICANOPY AVE.	
CITY-ST-ZIP	COCONUT GROVE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPENCER, THOMAS R.	
STREET ADDRESS	801 BRICKELL AVE. #1901	
CITY-ST-ZIP	MIAMI FL	
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	VP	XX Change	<input type="checkbox"/> Addition
1.2 NAME	JUAN P. ALDUNCIN		
1.3 STREET ADDRESS	1600 MICANOPY AVE.		
1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133		
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 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

3/6/97 205 254 1105

CR2E034 (9/96)