

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

FILED

**Apr 10 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 # M62626 (0)

1. Corporation Name
CORPORATE & PERSONAL ADVISORS, INC



Principal Place of Business C/O MAYTE FERNANDEZ 2311 S.W. 89TH COURT MIAMI FL 33165	Mailing Address C/O MAYTE FERNANDEZ 2311 S.W. 89TH COURT MIAMI FL 33185-2052
---	--

3. Date Incorporated or Qualified 11/17/1987	3a. Date of Last Report 04/01/1996
4. FEI Number 65-0069732	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1365 STILLWATER DRIVE Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH - FLORIDA Zip 24 33141	2a. Mailing Address 26 1365 STILLWATER DRIVE Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH - FLORIDA Zip 29 33141
---	--

9. Name and Address of Current Registered Agent

**FERNANDEZ, MAYTE
2311 S.W. 89TH COURT
MIAMI FL 33165**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
1365 STILLWATER DRIVE
84 City
MIAMI BEACH **FL** 85 Zip Code
33141

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

TITLE PD	<input type="checkbox"/> DELETE
NAME FERNANDEZ, MAYTE	
STREET ADDRESS 2311 SW 89TH CT	
CITY - ST - ZIP MIAMI FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME FERNANDEZ, CRISTINA	
STREET ADDRESS 2311 SW 89 CT.	
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 1365 STILLWATER DRIVE	
1.4 CITY - ST - ZIP MIAMI BEACH - FL. 33141	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 1365 STILLWATER DRIVE	
2.4 CITY - ST - ZIP MIAMI BEACH - FL. 33141	
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, appended, or on an attachment with an address.

SIGNATURE: *Cristina Fernandez* **4/3/97** x (305) 229-1072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)