
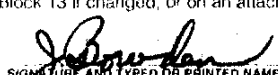


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 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 # M73824 (8)			
1. Corporation Name DEUTSCHE FINANZ A.G. CORPORATION			
Principal Place of Business 444 BRICKELL AVE. SUITE 51-248 MIAMI, FL 33131		Mailing Address 444 BRICKELL AVE. SUITE 51-248 MIAMI FL 33131-2403	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
3. Date Incorporated or Qualified 03/25/1988			
3a. Date of Last Report 05/01/1996			
4. FEI Number 65-0042860			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. Name and Address of Current Registered Agent IBC FIDUCIARY INC. 100 S E SECOND STR SUITE 51-248 MIAMI FL 33131			
9. 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			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME SMEJDA, L.			
1.3 STREET ADDRESS 444 BRICKELL AVE #51-246			
1.4 CITY-ST-ZIP MIAMI FL 33131			
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 checked="" type="checkbox"/> Addition			
3.2 NAME AS			
3.3 STREET ADDRESS BOWDEN, J.			
3.4 CITY-ST-ZIP 444 BRICKELL AVE. #51-246			
4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
4.2 NAME D/P			
4.3 STREET ADDRESS KANSY, J.P.			
4.4 CITY-ST-ZIP 444 BRICKELL AVE. # 51-246			
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:  J. Bowden 4/22/97 (305) 358-4441			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone			



CR2E034 (9/96)