

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
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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
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3. Date Incorporated or Qualified 03/25/1988	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 65-0042860	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC.
 100 S E SECOND STR
 SUITE 51-248
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	NAME SMEJDA, L.	1.1 TITLE V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 444 BRICKELL AVENUE	CITY-STATE-ZIP MIAMI FL	1.2 NAME SMEJDA, L.	
		1.3 STREET ADDRESS 444 BRICKELL AVE #51-246	
		1.4 CITY-STATE-ZIP MIAMI FL 33131	
TITLE TAS	NAME CARBAYO, E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 444 BRICKELL AVENUE #51-248	CITY-STATE-ZIP MIAMI FL 33131	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-STATE-ZIP	
TITLE AS	NAME HENLEY, J.	3.1 TITLE AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 444 BRICKELL AVE #51-248	CITY-STATE-ZIP MIAMI FL	3.2 NAME BOWDEN, J.	
		3.3 STREET ADDRESS 444 BRICKELL AVE. #51-246	
		3.4 CITY-STATE-ZIP MIAMI, FL 33131	
TITLE 	NAME 	4.1 TITLE D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 	CITY-STATE-ZIP 	4.2 NAME KANSY, J.P.	
		4.3 STREET ADDRESS 444 BRICKELL AVE. # 51-246	
		4.4 CITY-STATE-ZIP MIAMI, FL 33131	
TITLE 	NAME 	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-STATE-ZIP 	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-STATE-ZIP	
TITLE 	NAME 	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-STATE-ZIP 	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-STATE-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 J. Bowden 4/22/97 (305) 358-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0173902

CR2E034 (9/96)