

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84443 (4)

1. Corporation Name
CELESTE INVESTMENT CORP.



Principal Place of Business: 4770 BISCAYNE BLVD., STE. 1070 MIAMI FL 33137
Mailing Address: 4770 BISCAYNE BLVD., STE. 1070 MIAMI FL 33137

3. Date incorporated or Qualified: 06/08/1988
3a. Date of Last Report: 04/12/1995

2. Principal Place of Business: 21 1000 BRICKELL AVE
2a. Mailing Address: 26 1000 BRICKELL AVE
22. Suite, Apt. #, etc.: 900
27. Suite, Apt. #, etc.: 900
23. City & State: MIAMI FL
28. City & State: MIAMI FL
24. Zip: 33131
25. Country: USA
29. Zip: 33134
30. Country: USA

4. FEI Number: 65-0084130
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

8. Name and Address of Current Registered Agent
GORRIZ, DOMINGO
4770 BISCAYNE BLVD., STE. 1070
MIAMI FL 33137

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1000 BRICKELL AVE
83 SUITE 900
84 City: MIAMI FL
85 Zip Code: 33131

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	DS	<input type="checkbox"/> DELETE
NAME	GONZALEZ, ESTHER BERNAL	
STREET ADDRESS	4770 BISCAYNE BLVD., STE. 1070	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BERNAL, CELSO CASTRO	
STREET ADDRESS	4770 BISCAYNE BLVD., STE. 1070	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BERNAL, JORGE CASTRO	
STREET ADDRESS	4770 BISCAYNE BLVD., STE. 1070	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	CAMEJO, CELSO CASTRO	
STREET ADDRESS	4770 BISCAYNE BLVD., STE. 1070	
CITY-ST-ZIP	MIAMI FL 33137	
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	1000 BRICKELL AVE 900	
1.3 STREET ADDRESS	MIAMI FL 33131	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1000 BRICKELL AVE 900	
2.3 STREET ADDRESS	MIAMI FL 33131	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1000 BRICKELL AVE 900	
3.3 STREET ADDRESS	MIAMI FL 33131	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1000 BRICKELL AVE 900	
4.3 STREET ADDRESS	MIAMI FL 33131	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300001746838	
5.3 STREET ADDRESS	-03/18/96--01049--014	
5.4 CITY-ST-ZIP	***200.00	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Celso Castro Cordero 2-8-96 President

CR2E034 (12/95)