

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

FILED

**Apr 16 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 # M84443 (4)

1. Corporation Name
CELESTE INVESTMENT CORP.



Principal Place of Business 1000 BRICKELL AVENUE SUITE 900 MIAMI FL 33131	Mailing Address 1000 BRICKELL AVENUE SUITE 900 MIAMI FL 33131-3047
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3. Date Incorporated or Qualified 06/08/1988	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21 3501 S.W. 8 St. Suite, Apt. #, etc. 22 211 City & State 23 Miami, Florida Zip Country 24 33135 USA	2a. Mailing Address 26 3501 S.W. 8 St. Suite, Apt. #, etc. 27 211 City & State 28 Miami, Florida Zip Country 29 33135 USA
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4. FEI Number 65-0084130	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GORRIZ, DOMINGO
1000 BRICKELL AVENUE
SUITE 900
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81. Name Gorriz, Domingo
82. Street Address (P.O. Box Number is Not Acceptable) 3501 S.W. 8 St - #211
83. City Miami
84. State FL
85. Zip Code 33135

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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DS	<input type="checkbox"/> DELETE
NAME GONZALEZ, ESTHER BERNAL	
STREET ADDRESS 1000 BRICKELL AVE 90	
CITY- ST- ZIP MIAMI FL 33131	
TITLE DT	<input type="checkbox"/> DELETE
NAME BERNAL, CELSO CASTRO	
STREET ADDRESS 1000 BRICKELL AVE 900	
CITY- ST- ZIP MIAMI FL 33131	
TITLE DV	<input type="checkbox"/> DELETE
NAME BERNAL, JORGE CASTRO	
STREET ADDRESS 1000 BRICKELL AVE 90	
CITY- ST- ZIP MIAMI FL 33131	
TITLE DP	<input type="checkbox"/> DELETE
NAME CAMEJO, CELSO CASTRO	
STREET ADDRESS 1000 BRICKELL AVE 900	
CITY- ST- ZIP MIAMI FL 33131	
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

11 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME Gonzalez, Esther Bernal	
13 STREET ADDRESS 3501 S.W. 8 St - 211	
14 CITY- ST- ZIP Miami, Florida 33135	
21 TITLE DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME Bernal, Celso Castro	
23 STREET ADDRESS 3501 S.W. 8 St. - 211	
24 CITY- ST- ZIP Miami, Florida 33135	
31 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME Bernal, Jorge Castro	
33 STREET ADDRESS 3501 S.W. 8 St - 211	
34 CITY- ST- ZIP Miami, Florida 33135	
41 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME Camejo, Celso Castro	
43 STREET ADDRESS 3501 S.W. 8 St. - 211	
44 CITY- ST- ZIP Miami, Florida 33135	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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, changed, or on an attachment with an address.

SIGNATURE: Celso Castro Camejo DATE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)