

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kendall Northcutt
Secretary of State
Orlando, Florida 32801, HA 1000

DOCUMENT # **M99321** (5)

1. Corporation Name
CONRETCO CORP.

Previous Office of Business		Miami Address	
S2600 MIAMI FL 33131 US		S-2600 MIAMI FL 33131 US	

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 09/19/1988	3a. Date of Last Report 02/09/1994
4. FID Number 65-0081456	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 1961(2)(c) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. 8491 N.W. 17th Street Suite, Apt # etc Suite 101 City & State Miami, FL	26. 8491 N.W. 17th Street Suite, Apt # etc Suite 101 City & State Miami, FL
24. 33126	25. US
29. 33126	30. US

9. Name and Address of Current Registered Agent

**ROSENBERG, DONALD S.
ONE SE 3RD AVE
S2600
MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.01(1) and 607.15(2) 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. Thereby accept the appointment as required agent. I am familiar with and accept the obligations of section 607.15(2) Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

DP	NAME: CHASE, CLARENCE G. STREET ADDRESS: 5835 BLUE LAGOON DR. CITY, ST, ZIP: MIAMI FL
DV	NAME: JOHNS, STEVEN L. STREET ADDRESS: 5835 BLUE LAGOON DR. CITY, ST, ZIP: MIAMI FL
VD	NAME: HUYGHE, STEVEN, A STREET ADDRESS: 13323 WASHINGTON BLVD CITY, ST, ZIP: LOS ANGELES CA
ST	NAME: BENDLER, DELL, LEE STREET ADDRESS: 5835 BLUE LAGOON DR CITY, ST, ZIP: MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	8491 NW 17 ST SUITE 101
3. CITY, ST, ZIP	MIAMI, FL 33126
4. NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5. STREET ADDRESS	8491 NW 17 ST SUITE 101
6. CITY, ST, ZIP	MIAMI, FL 33126
7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS	
9. CITY, ST, ZIP	

14. I, the undersigned, certify that the information required with this filing is voluntarily furnished and that I am not qualified for the exemptions stated in Section 1961(2)(c) Florida Statutes. I further certify that the information included herein is a true and correct report or supplemental annual report, 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, the person authorized by the board of directors to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the records of the corporation as an officer or director.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95