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Jun 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 26658
1. Corporation Name
MIAMI WORLD'S FAIR 1995-1996, INC.

Principal Place of Business Mailing Address
5111 GALLOWAY ROAD
MIAMI FL 33165-6732

2. Principal Place of Business 21 5111 GALLOWAY ROAD	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI, FL 33165	28 City & State
24 Zip 33165	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 05-27-88	3a. Date of Last Report 5/1/96
4. FEI Number 65-0140965	Applied For Not Applicable
5. 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
CARLOS J. ORTIZ DE VALDERRAMA
5111 GALLOWAY ROAD
MIAMI FL 33165-6732

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **April 29, 1997**

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME ORTIZ DE VALDERRAMA, C. J.	STREET ADDRESS 5111 GALLOWAY ROAD	CITY-ST-ZIP MIAMI FL 33165
TITLE VIC PRESIDENT	NAME HARGREAVES, DAVID W.	STREET ADDRESS 1205 MARIANNA AV	CITY-ST-ZIP CORAL GABLES FL
TITLE SECRETARY	NAME ALONSO, HUMBERTO	STREET ADDRESS 1431 SAN BENITO	CITY-ST-ZIP CORAL GABLES FL
TITLE TREASURER	NAME ARBOLEYA CAROL	STREET ADDRESS BARNETT BANK OF MIAMI	CITY-ST-ZIP MIAMI FL
TITLE MANAGING DIRECTOR	NAME GILCRIST, JOHN E.	STREET ADDRESS 300 BISCAYNE BLVD WAY	CITY-ST-ZIP MIAMI FL
TITLE MANAGING DIRECTOR	NAME JENNINGS, ROD	STREET ADDRESS MIAMI INT'L AIRPORT	CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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*****70.00 *****70.00

[Signature] **4/26/97**

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **April 29, 1997** DAYTIME PHONE: **(305) 598-3247**

CR2E037 (9/96)