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Mar 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41895 (6)

1. Corporation Name

CONO SUR INITIATIVE, INC.

Principal Place of Business

5915 PONCE DE LEON BLVD.
PLUMER BLDG. STE. 10
CORAL GABLES FL 33146

Mailing Address

5915 PONCE DE LEON BLVD.
PLUMER BLDG. STE. 10
CORAL GABLES FL 33146-2435

2. Principal Place of Business

21

Suite, Apt #, etc.

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt #, etc.

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LA PAZ, LOURDES F
5915 PONCE DE LEON BLVD.
PLUMER BLDG., STE. 10
CORAL GABLES FL 33146

3. Date Incorporated or Qualified

01/31/1991

3a. Date of Last Report

04/26/1996

4. FEI Number

65-0266089

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

□ Yes

X No

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOOTE, EDWARD T.	
STREET ADDRESS	5915 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GLASER, LUIS	
STREET ADDRESS	5915 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIEBERMAN, DAVID A.	
STREET ADDRESS	5915 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSENDAHL, BRUCE R.	
STREET ADDRESS	5915 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAMARCI, JORGE L.	
STREET ADDRESS	5915 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEE, PAUL T.	
STREET ADDRESS	5915 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	See Exhibit A attached hereto.
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input 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 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:

REQUIRED

Lourdes F. La Paz 1/17/97 (305) 284-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030441

CR2E037 (9/96)

CONO SUR INITIATIVE, INC.

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