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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northing Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51069** (5)
1. Corporation Name
FUTURO, INC.

Principal Place of Business 5841 SW 73RD AVE. MIAMI FL 33143-1874	Mailing Address 5841 SW 73RD AVE. MIAMI FL 33143-1874
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1992	3a. Date of Last Report 12/09/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0428978		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		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 KREDI, OLGA A 5841 SW 73RD AVE. MIAMI FL 33143		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	KREDI, OLGA A	1.2 NAME	
STREET ADDRESS	5841 SW 73RD AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	KREDI, MARIA G	2.2 NAME	
STREET ADDRESS	5841 SW 73RD AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	
NAME	GIRAL, ANA	3.2 NAME	
STREET ADDRESS	7490 SW 59 ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	KREDI, SAUL	4.2 NAME	
STREET ADDRESS	5841 SW 73RD AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:  3/10/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)