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May 05 1997 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

PROFIT CORPORATION
ANNUAL REPORT
1997

DOCUMENT # P05648 (1)
1. Corporation Name
HARROWBY INVESTMENTS, LTD., INC.



Principal Place of Business: 2040 NORTHEAST 163RD STREET, SUITE 208 MIAMI FL 33162
Mailing Address: 2040 NORTHEAST 163RD STREET, SUITE 208 MIAMI FL 33162-4911

3. Date Incorporated or Qualified: 04/11/1985
3a. Date of Last Report: 05/01/1996
4. FEI Number: 13-3058992
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 1990 N.E. 163rd Street, Suite 205, Miami, FL 33162
2a. Mailing Address: 26 1990 N.E. 163rd Street, Suite 205, Miami, FL 33162
23. City & State: Miami, FL
24. Zip: 33162

9. Name and Address of Current Registered Agent: MARKS, JEFFERY N E, MARKS AND ASSOCIATES, P. A., 2040 N.E. 163RD STREET, SUITE 208, MIAMI FL 33162

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable): 1990 N.E. 163rd Street, Suite 205, 84 City: Miami, FL, 85 Zip Code: 33162

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: JEFFERY N. MARKS (NOTE: Registered Agent signature required when reinstating) DATE: 4/24/97

12. OFFICERS AND DIRECTORS

TITLE: D	NAME: WEST, GEORGINA PATRICIA	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 1 GRENVILLE STR	CITY-STATE-ZIP: ST HELIER JERSEY CH	
TITLE: D	NAME: DE BOISSERON, CHARLES	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 1 GRENVILLE STR	CITY-STATE-ZIP: ST HELIER JERSEY CH	
TITLE: D	NAME: KEAN, GEORGE D	DELETED: <input type="checkbox"/>
STREET ADDRESS: 1 GRENVILLE STR	CITY-STATE-ZIP: ST HELIER JERSEY CH	
TITLE: D	NAME: POLES, PETER N	DELETED: <input checked="" type="checkbox"/>
STREET ADDRESS: 1 GRENVILLE STR	CITY-STATE-ZIP: ST HELIER JERSEY CH	
TITLE: <input type="checkbox"/>	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	
TITLE: <input type="checkbox"/>	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-STATE-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: D	1.2 NAME: RILEY, ALASTAIR MILES	Change: <input type="checkbox"/>	Addition: <input checked="" type="checkbox"/>
1.3 STREET ADDRESS: 1 GRENVILLE STR	1.4 CITY-STATE-ZIP: ST HELIER JERSEY CH		
2.1 TITLE: D	2.2 NAME: COWAN, CAROLYN FRANCES	Change: <input type="checkbox"/>	Addition: <input checked="" type="checkbox"/>
2.3 STREET ADDRESS: 1 GRENVILLE STR	2.4 CITY-STATE-ZIP: ST HELIER JERSEY CH		
3.1 TITLE:	3.2 NAME:	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
3.3 STREET ADDRESS:	3.4 CITY-STATE-ZIP:		
4.1 TITLE: D	4.2 NAME: THORP, JANE	Change: <input type="checkbox"/>	Addition: <input checked="" type="checkbox"/>
4.3 STREET ADDRESS: 1 GRENVILLE STR	4.4 CITY-STATE-ZIP: ST HELIER JERSEY CH		
5.1 TITLE:	5.2 NAME:	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
5.3 STREET ADDRESS:	5.4 CITY-STATE-ZIP:		
6.1 TITLE:	6.2 NAME:	Change: <input type="checkbox"/>	Addition: <input type="checkbox"/>
6.3 STREET ADDRESS:	6.4 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 2/4/97

CR2E034 (9/96)