

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18512 (4)

1. Corporation Name
BUMEX CORPORATION

Principal Place of Business
BUMEX CORPORATION
10411 N.W. 28TH ST. #106
MIAMI FL 33172
US

Mailing Address
BUMEX CORPORATION
10411 N.W. 28TH ST. #106
MIAMI FL 33172-2168
US



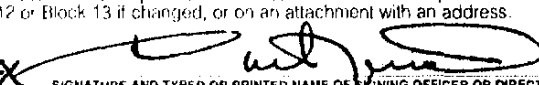
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1988		3a. Date of Last Report 03/15/1996	
21	State, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 11-2451900		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	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 HUPPERT, JOSEPH H. 11440 N. KENDALL DRIVE SUITE 201 MIAMI FL 33176				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTAGENA, NEPOMUCENO		1.2 NAME				
STREET ADDRESS	117 E. 57TH ST., STE 43H		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTAGENA, FRANCISCO A.		2.2 NAME				
STREET ADDRESS	117 E. 57TH ST., STE 43H		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTAGENA, RAMIRO A.		3.2 NAME				
STREET ADDRESS	117 E. 57TH ST., STE 43H		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP				
TITLE	STD	<input type="checkbox"/> DELETE	4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARTAGENA, NESTOR A.		4.2 NAME				
STREET ADDRESS	117 E. 57TH ST., STE 43H		4.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME	100002105611			
STREET ADDRESS			5.3 STREET ADDRESS	-03/05/97--01073--047			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***178.75			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE 
FRANCISCO A. CARTAGENA O. _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/97 305 477-7240
Date Daytime Phone #

CR2E034 (9/96)