

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

FILED

**Apr 09 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 # P21160 (7)
1. Corporation Name
FIRST INTERNATIONAL FINANCE CORPORATION - A NEVA DA CORPORATION



Principal Place of Business BOX 13309 MIAMI FL 33101-0309	Mailing Address BOX 13309 MIAMI FL 33101-3309
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3. Date Incorporated or Qualified 10/04/1988	3a. Date of Last Report 05/29/1996
4. FEI Number 65-0004735	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	65-0004735		<input type="checkbox"/> Not Applicable	
22		27		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23	Zip	28	Country	29		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent					
CARAZO, KAREN 1717 N BAYSHORE DR #2256 MIAMI FL 33132		81 Name					
		82 Street Address (P.O. Box Number is Not Acceptable) 1717 N. Bayshore Drive #3538					
		83 MIAMI FLA 33132					
		84 City					
		85 Zip Code FL 33132					

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 607.0605, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARAZO, KAREN	1.2 NAME	
STREET ADDRESS	1717 N BAYSHORE DR #2256	1.3 STREET ADDRESS	1717 N. Bayshore Drive #3538
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI FL 33132
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAPETIS, MICHAEL E	2.2 NAME	
STREET ADDRESS	1717 N BAYSHORE DRIVE #3538	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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: *[Signature]* **President** DATE: **4/4/97** DAYTIME PHONE: **305-381-9950**

CR2E034 (9/96)