

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000009005 (8)

1. Corporation Name
LETIZ INVESTMENT, INC.



Principal Place of Business
1901 BRICKELL AVE
SUITE 1709-B
MIAMI FL 33145

Mailing Address
C/O 250 CATALONIA AVE
SUITE 705
CORAL GABLES FL 33134

3. Date Incorporated or Qualified 02/04/1993	3a. Date of Last Report 09/20/1995
4. FEI Number 65-0387631	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent GARCIA-VIDAL, RAOUL ONE ALHAMBRA PLAZA SUITE 1450 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83. City			
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 _____
Signature typed or printed name of registered agent, if not applicable. (Typed Registered Agent Signature required when not stating: I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARUTTINI, YVETTE	12. NAME	
STREET ADDRESS	1901 BRICKELL AVE, SUITE 1709-B	13. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	14. CITY-ST-ZIP	
TITLE	VSD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARUTTINI, TIZIANA	22. NAME	
STREET ADDRESS	1901 BRICKELL AVE, SUITE 1709-B	23. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	24. CITY-ST-ZIP	
TITLE	TD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIARUTTINI, LETIZIA	32. NAME	
STREET ADDRESS	1901 BRICKELL AVE, SUITE 1709-B	33. STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129	34. CITY-ST-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Yvette Chiaruttini* YVETTE CHIARUTTINI 4-22-96 758-4072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed)

CR2E034 (12/95)