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FILED
Apr 16 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 # P93000020312 (3)

1. Corporation Name
BYBLOS ESTATES INC.

Principal Place of Business

1827 BRICKELL AVE
SUITE 2307
MIAMI FL 33131
US

Mailing Address

2600 DOUGLAS RD
PHO
CORAL GABLES FL 33134-6125
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1993		3a. Date of Last Report 07/16/1996	
21		26 940 LINCOLN ROAD		4. FEI Number 65-0492770		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 SUITE 215		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 MIAMI BEACH, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 33139		30 DADE		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		31		32			

9. Name and Address of Current Registered Agent

WADIE, ZACCA
192 MINOVCA AVENUE
CORAL GABLES, FLORIDA
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name RENEE SAVARY
82 Street Address (P.O. Box Number is Not Acceptable)
940 LINCOLN ROAD, STE 215
83 MIAMI BEACH, FL 33139
84 City
85 Zip Code FL

11. Pursuant to the provisions of Sections 607.02 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 and title if applicable

RENEE SAVARY

(NOTE: Registered Agent signature required when registering)

03.25.97

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	MAHMOUD, GALAL	1.1 TITLE		1.2 NAME	
STREET ADDRESS	2828 CORAL WAY STE. 100			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL			2.1 TITLE		2.2 NAME	
TITLE	DT	NAME	MAHMOUD, TAREK	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	2828 CORAL WAY STE. 100			3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	MIAMI FL			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE		NAME		4.1 TITLE		4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP				5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				6.3 STREET ADDRESS		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

MAHMOUD

04 07 93 (30) 535-172

CR2E034 (9/96)