FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086560 (8)

1. Corporation Name
MISTY J-3, INC.

Principal Place of Business
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131-1897

Mailing Address
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131-1897

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1993
3a. Date of Last Report: 08/17/1994
4. FEI Number: 65-0510094 — [ ] Applied For [ ] Not Applicable
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 / 2a. Mailing Address
21 / 26
Suite, Apt. #, etc. 22 / 27
City & State 23 / 28
Zip 24, Country 25 / Zip 29, Country 30

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
TWO S BISCAYNE BLVD
ONE BISCAYNE TOWER SUITE 3400
MIAMI FL 33131-1897

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 607.1502 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 ______ Date ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	~~P~~	TITLE	[ ] Change [ ] Addition
NAME	~~PADULAS, CARLOS E~~	NAME	
STREET ADDRESS	~~% TWO S BISCAYNE BLVD #3400~~	STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33131~~	CITY-ST-ZIP	
TITLE	~~V~~ST	TITLE	D/P/S/T [ ] Change [X] Addition
NAME	DE PADULA, GISELA B	NAME	
STREET ADDRESS	% TWO S BISCAYNE BLVD #3400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	V	TITLE	[ ] Change [ ] Addition
NAME	DE PADULA, GRACIELA S	NAME	
STREET ADDRESS	% TWO S BISCAYNE BLVD #3400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP	
TITLE	D	TITLE	[ ] Change [ ] Addition
NAME	VALDES-FAULI, RAUL J	NAME	
STREET ADDRESS	2 SOUTH BISCAYNE BLVD. #3400	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: Gisela Blahou Padula — 03/30/95 — 212-717-5259
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

0120350 CP