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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:10

DOCUMENT # P94000002718 (2)

1. Corporation Name
PROMO CONDO OF FLORIDA, INC.

Principal Place of Business
443 PINELLAS BAYWAY
UNIT 109
TIERRA VERDE FL 33715

Mailing Address
443 PINELLAS BAYWAY
UNIT 109
TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:

2. Principal Place of Business
21 17275 Collins Avenue
Suite, Apt. #, etc.
22 Suite 307
City & State
23 Miami Beach, FL 33160
Zip 24 33160 Country 25 USA

2a. Mailing Address
26 17275 Collins Avenue #307
Suite, Apt. #, etc.
27
City & State
28 Miami Beach
Zip 29 33160 Country 30 USA

4. FEI Number: 59-3214054 [ ] 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

9. Name and Address of Current Registered Agent
BARTHE, FREDERIC M
2101 CORPORATE BLVD., NORTHWEST
SUITE 400
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name: Frederic M. Barthe
82 Street Address (P.O. Box Number is Not Acceptable): 2600 N. Military Trail
83 Fourth Floor
84 City: Boca Raton FL 85 Zip Code: 33431

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] 04/10/95
Signature (typed or printed name of registered agent and title if applicable) (Corporate Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	PARENT, PIERRE
STREET ADDRESS	443 PINELLAS BAYWAY
CITY ST ZIP	TIERRA VERDE FL 33715
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[X] Change [ ] Addition
12 NAME		
13 STREET ADDRESS	17275 Collins Avenue	
14 CITY ST ZIP	Miami Beach, FL 33160	
21 TITLE		[ ] Change [ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		[ ] Change [ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

REMITTED BY MAY 1

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: X [signature] April 4, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0311003 CP