
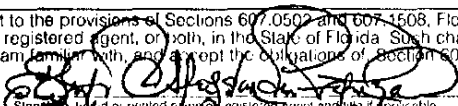
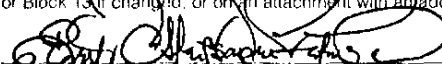


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

AMENDED

FILED

Sep 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <b>VELUNZA CORP.</b>		<b>p940000 12693</b>	
Principal Place of Business <b>2000 SOUTH DIXIE HIGHWAY SUITE 104A COCONUT GROVE, FLORIDA 33133</b>		Mailing Address	
2. Principal Place of Business <b>21 2000 SOUTH DIXIE HWY.</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22 104A</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23 COCONUT GROVE, FLORIDA</b>		City & State <b>28</b>	
Zip <b>24 33133</b>		Country <b>25 DADE</b>	
Country <b>29</b>		Country <b>30</b>	
9. Name and Address of Current Registered Agent <b>BERT ALEXSANDER VELUNZA 2000 SOUTH DIXIE HIGHWAY SUITE 104A COCONUT GROVE, FLORIDA 33133</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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  DATE <b>09-05-97</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 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		000002293090 -09/15/97--01104--010 ***61.25	
SIGNATURE: 		09-05-97 (305) 285-0101	

CR2E034 (9/96)

RMA  
9-12-97