


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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000023504 (1)

1. Corporation Name
L.A. INTERVEST, INC.

Principal Place of Business
2655 LEJEUNE RD
SUITE 534
CORAL GABLES FL 33134
US

Mailing Address
2655 LEJEUNE RD
SUITE 534
CORAL GABLES FL 33134-5832
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1994		3a. Date of Last Report 01/24/1996	
21	Suite, Apt. #, etc.	26	3804 ALHAMBRA CR.	4. FEI Number 65-0487060		Applied For Not Applicable	
22	City & State	27	CORAL GABLES FL	5. Certificate of Status Desired		8.75 Additional Fee Required	
23	Zip	28	33134	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24	Country	29	US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASTRO, CARLOS A 1001 S. BAYSHORE DR. SUITE 2410 MIAMI FL 33131				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 607.0502 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	[] DELETE		1.1 TITLE	[] Change [] Addition		
NAME	ESPINOSA, HERBERTO R.C.			1.2 NAME			
STREET ADDRESS	3804 ALHAMBRA CIRCLE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP			
TITLE	VD	[] DELETE		2.1 TITLE	[] Change [] Addition		
NAME	ESPINOSA, KEITH			2.2 NAME			
STREET ADDRESS	3804 ALHAMBRA CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP			
TITLE	T	[] DELETE		3.1 TITLE	[] Change [] Addition		
NAME	ESPINOSA, MARIA			3.2 NAME			
STREET ADDRESS	3804 ALHAMBRA CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE		[] DELETE		4.1 TITLE	[] Change [] Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		[] DELETE		5.1 TITLE	[] Change [] Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		[] DELETE		6.1 TITLE	[] Change [] Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

HERBERTO R.C. ESPINOSA

4/23/97 (301) 662-5917

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)