

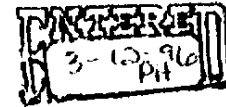
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

00340



DOCUMENT # P94000024316 (9)

1. Corporation Name
STEBA INVESTMENTS CORPORATION



Principal Place of Business: 9100 S DADELAND BLVD SUITE 1700 MIAMI FL 33156
Mailing Address: 9100 S DADELAND BLVD SUITE 1700 MIAMI FL 33156

2. Principal Place of Business (21-24) and Mailing Address (2a-25) fields for City, State, Zip, and Country.

3. Date Incorporated or Qualified: 03/30/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0481321
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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

BROWN, B. MACKAY
7100 N KENDALL DR
SUITE 100
MIAMI FL 33156

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 filed applicable (21-24) and Mailing Address (2a-25) fields for City, State, Zip, and Country.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGUSAT, STEPHANIE	12. NAME	
STREET ADDRESS	9100 S DADELAND BLVD SUITE 1700	13. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33156	14. CITY- ST- ZIP	
TITLE	D	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAGUSAT, BERND	22. NAME	
STREET ADDRESS	9100 S DADELAND BLVD SUITE 1700	23. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33156	24. CITY- ST- ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANZ, JOSEPH A	32. NAME	
STREET ADDRESS	9100 S DADELAND BLVD SUITE 1700	33. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33156	34. CITY- ST- ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY- ST- ZIP		44. CITY- ST- ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY- ST- ZIP		54. CITY- ST- ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

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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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/95 305-670-8400

CR2E034 (12/95)