

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

**FILED**  
**Mar 25 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**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 33156-7817**

3. Date Incorporated or Qualified: **03/30/1994**  
 3a. Date of Last Report: **04/10/1996**  
 4. FEI Number: **65-0481321**  
 Applied For:  Yes  No  
 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:  
 21. State, Apt. #, etc.:  
 22. City & State:  
 23. City & State:  
 24. Zip: Country:

2a. Mailing Address:  
 26. State, Apt. #, etc.:  
 27. City & State:  
 28. City & State:  
 29. Zip: Country:

**9. Name and Address of Current Registered Agent**

**BROWN, B. MACKAY  
 7100 N KENDALL DR  
 SUITE 100  
 MIAMI FL 33158**

**10. Name and Address of New Registered Agent**

81. Name:  
 82. Street Address (P.O. Box Number is Not Acceptable):  
 83. City:  
 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 and shall with all due diligence accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

12.1 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.2 NAME	<b>BAGUSAT, STEPHANIE</b>	
12.3 STREET ADDRESS	<b>9100 S DADELAND BLVD SUITE 1700</b>	
12.4 CITY - ST - ZIP	<b>MIAMI FL 33158</b>	
12.5 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.6 NAME	<b>BAGUSAT, BERND</b>	
12.7 STREET ADDRESS	<b>9100 S DADELAND BLVD SUITE 1700</b>	
12.8 CITY - ST - ZIP	<b>MIAMI FL 33158</b>	
12.9 TITLE	<b>D</b>	<input type="checkbox"/> DELETE
12.10 NAME	<b>SANZ, JOSEPH A</b>	
12.11 STREET ADDRESS	<b>9100 S DADELAND BLVD SUITE 1700</b>	
12.12 CITY - ST - ZIP	<b>MIAMI FL 33158</b>	
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	
13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TITLE OF OFFICER OR NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)