
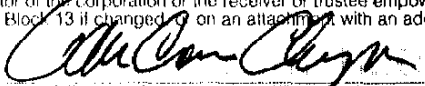


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 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 # P94000025010 (7)</b>			
1. Corporation Name <b>CINQ AND SET C. COMPANY</b>			
Principal Place of Business <b>701 BRICKELL AVE SUITE 1200 MIAMI FL 33131</b>		Mailing Address <b>701 BRICKELL AVE SUITE 1200 MIAMI FL 33131-2851</b>	
2. Principal Place of Business 21 <b>200 S. Biscayne Blvd.</b> Suite, Apt. #, etc. 22 <b>20th Floor</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33131</b>		2a. Mailing Address 26 <b>200 S. Biscayne Blvd.</b> Suite, Apt. #, etc. 27 <b>20th Floor</b> City & State 28 <b>Miami, Florida</b> Zip 29 <b>33131</b> Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>04/01/1994</b>		3a. Date of Last Report <b>05/01/1996</b>	
4. FEI Number <b>65-0485146</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ROSSZ FIU CORPORATION 701 BRICKELL AVE SUITE 1200 MIAMI FL 33131</b> (Change of Address Only)		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Biscayne Blvd.,</b> 83 <b>20th Floor</b> 84 City <b>Miami</b> 85 Zip Code <b>FL 33131</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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DT	<input checked="" type="checkbox"/> DELETE	
NAME	CLEETON, ANDREW C		
STREET ADDRESS	1 WESLEY ST ST HELIER, JERSEY		
CITY-ST-ZIP	CHANNEL ISLANDS GREAT BRITAI		
TITLE	DS	<input checked="" type="checkbox"/> DELETE	
NAME	YU, MIRANDA		
STREET ADDRESS	1 WESLEY ST ST HELIER, JERSEY		
CITY-ST-ZIP	CHANNEL ISLANDS GREAT BRITAI		
TITLE	DPAS	<input checked="" type="checkbox"/> DELETE	
NAME	STACEY, HAROLD R		
STREET ADDRESS	WAKELING, NEIL EVAN		
CITY-ST-ZIP	CHANNEL ISLANDS GREAT BRITAI		
TITLE	DPAS	<input type="checkbox"/> DELETE	
NAME	WAKELING, NEIL E		
STREET ADDRESS	WAKELING, NEIL EVAN		
CITY-ST-ZIP	CHANNEL ISLANDS GREAT BRITAI		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	CHEEZEM, JAN C		
STREET ADDRESS	701 BRICKELL AVE STE 1200		
CITY-ST-ZIP	MIAMI FL 33131		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D P S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	WAKELING, NEIL EVAN		
4.3 STREET ADDRESS	1 Wesley St. St Helier Jersey		
4.4 CITY-ST-ZIP	Channel Islands, Great Britian		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS	200 S. Biscayne Blvd., 20th Floor		
5.4 CITY-ST-ZIP	Miami, Florida 33131		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 on an attachment with an address.			
SIGNATURE:  Jan Carson Cheezem 04/29/97 (305) 358-7605			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)