

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED
AND
FILED

1996 JUL 17 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 -07/17/96--01048--012
 ****225.00 ****225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P94000047079
 1. Corporation Name
 HYPOLUXO APARTMENTS, INC.

Principal Place of Business Mailing Address
 2828 CORAL WAY PH MIAMI FL 33145
 2828 CORAL WAY PH MIAMI FL 33145

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

3. Date Incorporated or Qualified 06/23/94 3a. Date of Last Report 03/29/95
 4. FEI Number 65-0508879 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
 BRIAN MCDONOUGH
 150 WEST FLAGLER STREET
 MIAMI, FL. 33130

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D / P / S / T	<input type="checkbox"/> DELETE
NAME	PEREZ, JORGE M	
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE	
CITY - ST - ZIP	MIAMI FL 33145	
TITLE	VP / AS	<input type="checkbox"/> DELETE
NAME	ALVAREZ, MARCELO A.	
STREET ADDRESS	2828 CORAL WAY, PH	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MICHEAL HAMMON	
STREET ADDRESS	2828 CORAL WAY, PH	
CITY - ST - ZIP	MIAMI, FL. 33145	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROBERTO ROCHA	
STREET ADDRESS	2828 CORAL WAY, PH	
CITY - ST - ZIP	MIAMI, FL. 33145	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ANGEL H. HERNANDEZ	
STREET ADDRESS	2828 CORAL WAY, PH	
CITY - ST - ZIP	MIAMI, FL. 33145	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marcelo Alvarez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARCELO A. ALVAREZ
 Vice President

305 460-9900

CR2034 (3/96)

Handwritten initials