


58-97 B 6690 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000052742 (1)

1. Corporation Name
MARA BELL CORPORATION

Principal Place of Business
UNIT NO. A-605, BRICKELL ONE
520 BRICKELL KEY DRIVE
MIAMI FL 33131

Mailing Address
UNIT NO. A-605, BRICKELL ONE
520 BRICKELL KEY DRIVE
MIAMI FL 33131-2680



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/13/1994	3a. Date of Last Report 04/02/1996
21 2655 Le Jeune Road	26 2655 Le Jeune Road	4. FEI Number 65-0518267		Applied For Not Applicable	
22 Suite 1107	27 Suite 1107	5. Certificate of Status Desired EX		\$8.75 Additional Fee Required	
23 Coral Gables, FL	28 Coral Gables, FL	6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24 33134	25 USA	29 33134	30 USA	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

MIR, HECTOR J
2655 LE JEUNE ROAD
SUITE 1107
CORAL GABLES FL 33134

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

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	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUTO, SUSI BELL L	1.2 NAME	
STREET ADDRESS	520 BRICKELL KEY DR. UNIT NO. A-605	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	1.4 CITY- ST- ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCA, WALTER J	2.2 NAME	
STREET ADDRESS	520 BRICKELL KEY DR. UNIT NO. A-605	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANCA, NIMA MARA	3.2 NAME	
STREET ADDRESS	520 BRICKELL KEY DR. UNIT NO. A-605	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL 33131	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susi Bell L. Souto

4/30/97 (305) 444-0460

Date

Daytime Phone #

0171185

CR2E034 (9/96)