

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

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---

DOCUMENT # **P94000064830 (0)**

1. Corporation Name  
**CABOCHON OF MIAMI CORPORATION**



Principal Place of Business <b>9700 COLLINS AVE UNIT 216 BAL HARBOUR FL 33154</b>	Mailing Address <b>9700 COLLINS AVE UNIT 216 BAL HARBOUR FL 33154-2200</b>
--	---

3. Date Incorporated or Qualified <b>09/02/1994</b>	3a. Date of Last Report <b>04/17/1996</b>
--	--

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0517359</b>	Applied For Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	7. 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>FERNANDEZ, EDUARDO 501 BRICKELL KEY DR SUITE 400 MIAMI FL 33131</b>	10. Name and Address of New Registered Agent <table border="1"> <tr><td>81</td><td>Name</td></tr> <tr><td>82</td><td>Street Address (P.O. Box Number is Not Acceptable)</td></tr> <tr><td>83</td><td></td></tr> <tr><td>84</td><td>City</td></tr> <tr><td>FL</td><td>85 Zip Code</td></tr> </table>	81	Name	82	Street Address (P.O. Box Number is Not Acceptable)	83		84	City	FL	85 Zip Code
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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, JOYCE</b>	1.2 NAME	
STREET ADDRESS	<b>9700 COLLINS AVE UNIT 216</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>ALAZRACHI, DANIELA</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALAZRACHI, DANIELA</b>	2.2 NAME	<b>VICE PRESIDENT</b>
STREET ADDRESS	<b>9700 COLLINS AVE UNIT 216</b>	2.3 STREET ADDRESS	<b>9700 COLLINS AVE UNIT 216</b>
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	2.4 CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>
TITLE	<b>DS</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, PIERRE Y</b>	3.2 NAME	
STREET ADDRESS	<b>9700 COLLINS AVE UNIT 216</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALAZRACHI, NATALIE</b>	4.2 NAME	<b>ALAZRACHI, NATALIE</b>
STREET ADDRESS	<b>9700 COLLINS AVE UNIT 216</b>	4.3 STREET ADDRESS	<b>9700 COLLINS AVE, SUITE 216</b>
CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>	4.4 CITY-ST-ZIP	<b>BAL HARBOUR FL 33154</b>
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: Natalie Alazrachi Jan 21, 97 8611554  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 0208788

CR2E034 (9/96)