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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Gandara B. Norstrom Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000066664 (1) 1. Corporation Name CALLABRINI & CASTELLANO CONSULTANTS, INC.			
Principal Place of Business 5200 SW 8 ST #111 CORAL GABLES FL 33134		Mailing Address 5200 SW 8 ST #111 CORAL GABLES FL 33134	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent CASTELLANO, OLGA 5200 SW 8 ST #111 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name LOLA C. PEREZ CALA 82 Street Address (P.O. Box Number is Not Acceptable) 5200 S.W. 8th St, #111 83 City CORAL GABLES, FL. 84 Zip Code 33134 85 State FL	
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 <i>[Signature]</i> DATE 01/10/1995			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY ST ZIP D TUVA, NORAH V 5200 SW 8 ST #111 CORAL GABLES FL 33134		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	
14. I 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		03/28/95 (305) 445-3635	