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**PROFIT** CORPORATION ANNUAL REPORT

1996



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

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2301 S. FEDERAL HWY, FORT LAUDERDALE FL 33316 US  Principal Place of Business Suite, Apit Letc. Suite,	B. Date Incorporated or Qualified 09/21/1994 07/05/1995  B. FEI Number Applied For 65-0521074 Not Applied For Not Applicable Sa.75 Additional Fee Required  B. Election Campaign Financing Trust Fund Contribution Sa. This corporation has liability for intangible tax under significant statutes Yes No. Name and Address of New Registered Agent  P.O. Box Number is Not Acceptable)  FL 85 Zip Code Salumber is Not Acceptable.
Principal Place of Business  Suite, Apit Letc.  Suite, Apit Letc. Suite, Apit Letc.  Suite, Apit Letc.  Suit	O9/21/1994 O7/05/1995  IFEL Number 65-0521074 Onto Applicable  Secretificate of Status Desired  Election Campaign Financing Trust Fund Contribution Trust Fund Contribution Trust Fund Contribution Onto Added to Fees  Trist corporation has liability for intangible tax under s 199.032, Florida Statutes Onto Name and Address of New Registered Agent  P.O. Box Number is Not Acceptable)  FL  B5  Zup Code  Insulantis this statement for the purpose of changing its registered office directors. Thereby accept the appointment as registered agent. Lam
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City & State    City & State   City & State	Trust Fund Contribution Added to Fees  3. Tris corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No.  D. Name and Address of New Registered Agent  P.O. Box Number is Not Acceptable)  FL 85 Zip Code  Isubmits this statement for the purpose of changing its registered office directors. Thereby accept the appointment as registered agent. Lam
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9. Name and Address of Current Registered Agent  BOURGOIGNIC, P TRISTAN 2801 PONCE DE LEON BLVD SUITE 707 CORAL GABLES FL 33134  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named composation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typica or printed name of registered agent and till of Page Scato (NOT). Englished Agent signature required what the Corporation of the Corporat	P.O. Box Number is Not Acceptable)  FL B5 Zip Code  submits this statement for the purpose of changing its registered agent. Lam  perstand
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for it certify that the information indicated on this annual report or supplemental annual report is true and accurate a path, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this re-	a avaigntion stated in Section 119 07/31/M. Florida Statutes: I further

SIGNATURE: CORSO CHRISTIAN SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF