

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000080181 (8)

1. Corporation Name

GRACA-WAGNER & ASSOCIADOS, INC.

Principal Place of Business

20801 BISCAYNE BLVD SUITE 452
AVENTURA FL 33180

Mailing Address

20801 BISCAYNE BLVD SUITE 452
AVENTURA FL 33180-1400

2. Principal Place of Business

21 520 BRICKELL KEY DRIVE

Suite, Apt #, etc.

22 SUITES 301/302

City & State

23 MIAMI / FLORIDA

Zip

24 33131

Country

25 U.S.A.

26 520 BRICKELL KEY DRIVE

Suite, Apt #, etc.

27 SUITES 301/302

City & State

28 MIAMI / FLORIDA

Zip

29 33131

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

WAGNER, JOSE G DR
20801 BISCAYNE BLVD SUITE 452
AVENTURA FL 33180

3. Date Incorporated or Qualified 11/01/1994	3a. Date of Last Report 06/05/1996
4. FEI Number 65-0530449	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name WAGNER, JOSE G DR	
82 Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE	
83 SUITES 301/302	
84 City MIAMI	FL Zip Code 33131

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	
<p>1. TITLE D WAGNER, JOSE CARLOS G DR 20801 BISCAYNE BLVD SUITE 452 AVENTURA FL 33180</p> <p>2. TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>3. TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>4. TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>5. TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>6. TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>1.1 TITLE D WAGNER, JOSE CARLOS G DR 520 BRICKELL KEY DRIVE - SUITES 301/302 MIAMI FL 33131</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY-ST-ZIP</p> <p>2.1 TITLE</p> <p>2.2 NAME</p> <p>2.3 STREET ADDRESS</p> <p>2.4 CITY-ST-ZIP</p> <p>3.1 TITLE</p> <p>3.2 NAME</p> <p>3.3 STREET ADDRESS</p> <p>3.4 CITY-ST-ZIP</p> <p>4.1 TITLE</p> <p>4.2 NAME</p> <p>4.3 STREET ADDRESS</p> <p>4.4 CITY-ST-ZIP</p> <p>5.1 TITLE</p> <p>5.2 NAME</p> <p>5.3 STREET ADDRESS</p> <p>5.4 CITY-ST-ZIP</p> <p>6.1 TITLE</p> <p>6.2 NAME</p> <p>6.3 STREET ADDRESS</p> <p>6.4 CITY-ST-ZIP</p>	
<p>7. TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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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 changing or omitting an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

(305) 374-6390

Daytime Phone #

CR2E034 (9/96)