


FILED

Feb 27 1997 8:00am  
Secretary of State

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

Principal Place of Business	Mailing Address
<del>5700 S.W. 72ND STREET</del> <del>MIAMI FL 33143</del> US	<del>5700 S.W. 72ND STREET</del> <del>MIAMI FL 33143-3332</del> US
PO BOX 2411 PALMBEACH, FL 33480	PO BOX 2411 PALM BEACH, FL 33480

				3. Date Incorporated or Qualified <b>10/31/1994</b>		3a. Date of Last Report <b>07/17/1996</b>	
2. Principal Place of Business			2a. Mailing Address			4. FEI Number <b>65-0565150</b>	
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.			Applied For	
22 City & State			27 City & State			Not Applicable	
23 Zip			28 Zip			5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country			29 Country			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25				30			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CINQUE, GAY		81	Name
<del>5700 SUNSET DRIVE</del> 3601 FUIEW RD		82	Street Address (P.O. Box Number is Not Acceptable)
<del>MIAMI FL 33143</del> PALM BEACH, FL		83	
	33480	84	City
		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: GAY CINQUE GAY CINQUE 1/30/97  
(NOTE: Reinstating Agent signature required when reinstating)  
Signature must be printed name of registered agent and filed applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINQUE, ALFRED J <i>3 Golfman Road</i>	1.2 NAME	
STREET ADDRESS	<del>5704 S.W. 72ND STREET SOUTH</del> <i>PO BOX 2411</i>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL 33143</del> <i>PALM BEACH, FL 33480</i>	1.4 CITY - ST - ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINQUE, GAY <i>3 Golfman Road</i>	2.2 NAME	
STREET ADDRESS	<del>5704 S.W. 72ND STREET SOUTH</del> <i>PO BOX 2411</i>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<del>MIAMI FL 33143</del> <i>PALM BEACH, FL 33480</i>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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: Greg Conzalez 1/30/97 8351584  
SIGNATURE AND TITLE OR PRINTED NAME OF SKINNING OFFICER OR DIRECTOR

CR2E034 (9/96)