

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

FILED  
Apr 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000005822 (8)  
1. Corporation Name  
Pedro Rovira USA, Inc.

Principal Place of Business Mailing Address  
1000 Brickell Ave. Suite 630 Miami, FL 33131  
1000 Brickell Ave. Suite 630 Miami, FL 33131

2. Principal Place of Business 2a. Mailing Address  
21 40 SW 13th. St. 26 40 SW 13th. St.  
22 Suite #1 27 Suite #1  
23 Miami, FL 28 Miami, FL  
24 Zip 33130 25 Country 29 Zip 33130 30 Country

3. Date Incorporated or Qualified 01/12/95 3a. Date of Last Report 02/21/96  
4. FEI Number 65-0551563 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
Alonso, Luisa  
1541 Brickell Ave.  
Suite C2206  
Miami, FL 33129

10. Name and Address of New Registered Agent  
81 Name Pedro Perrino  
82 Street Address (P.O. Box Number is Not Acceptable) 1541 Brickell Ave.  
83 Ste. C2206  
84 City Miami FL 85 Zip Code 33129

11. Pursuant to the provisions of Sections 607.002 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: *Pedro Perrino* DATE: 4/15/97

12. OFFICERS AND DIRECTORS

TITLE	D/V	<input type="checkbox"/> DELETE
NAME	Lacorte, Joan	
STREET ADDRESS	1000 Brickell Ave., Ste.630	
CITY- ST- ZIP	Miami, FL 33131	
TITLE	D/V/T/	<input type="checkbox"/> DELETE
NAME	Perrino, Pedro	
STREET ADDRESS	1000 Brickell Ave. Ste. 630	
CITY- ST- ZIP	Miami, FL 33131	
TITLE	D/V/S/	<input checked="" type="checkbox"/> DELETE
NAME	Alonso, Luisa	
STREET ADDRESS	1000 Brickell Ave., Ste. 630	
CITY- ST- ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lacorte, Joan	
13 STREET ADDRESS	40 SW 13th. St., Ste #1	
14 CITY- ST- ZIP	Miami, FL 33130	
21 TITLE	D/V/T/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Perrino, Pedro	
23 STREET ADDRESS	40 SW 13th. St., Ste. #1	
24 CITY- ST- ZIP	Miami, FL 33130	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY- ST- ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY- ST- ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY- ST- ZIP		
61 TITLE	200002148172	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-04/18/97--01096--041	
63 STREET ADDRESS	***165.00	
64 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)(c), Florida Statutes. I further certify that the information contained in 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: *Pedro Perrino* Pedro Perrino 04/15/97 (305)373-4400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)