

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

FILED
Feb 25 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 # **P95000006058 (8)**
 1. Corporation Name
Jose Canseco, Inc.

Principal Place of Business Mailing Address
901 Ponce de Leon Blvd. #502
Coral Gables, FL 33134 **SAME**

2. Principal Place of Business 2a. Mailing Address
 21. State, Apt. #, etc. 26. City & State
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. 25. 29. 30.

3. Date Incorporated or Qualified **1/19/95** 3a. Date of Last Report **1/16/96**
 4. FEI Number **65-0551984** 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
Louis M. Hillman-Walker
901 Ponce de Leon Blvd. #502
Coral Gables, FL 33134

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 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, with full faith and accept the obligations of Section 607.0505, Florida Statutes.
 SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when re-stating) DATE: **2/17/97**

12. OFFICERS AND DIRECTORS

11.1 TITLE	Pres./Dir.	<input type="checkbox"/> DELETE
11.2 NAME	Jose Canseco Jr.	
11.3 STREET ADDRESS	901 PONCE DE LEON BLVD.	
11.4 CITY-STATE-ZIP	#502 CORAL GABLES, FL 33134	
11.5 TITLE		<input type="checkbox"/> DELETE
11.6 NAME		
11.7 STREET ADDRESS		
11.8 CITY-STATE-ZIP		
11.9 TITLE		<input type="checkbox"/> DELETE
11.10 NAME		
11.11 STREET ADDRESS		
11.12 CITY-STATE-ZIP		
11.13 TITLE		<input type="checkbox"/> DELETE
11.14 NAME		
11.15 STREET ADDRESS		
11.16 CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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*****165.00**

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 included 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. (Changed or on an attachment with an address.)

SIGNATURE: *[Signature]* DATE: **2/17/97** (305) 443-8794
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Jose Canseco, Jr., Pres./Dir.**

CR2E034 (9/96)