

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000008639 (3)**

1. Corporation Name
FIPA DEVELOPMENT U.S.A., INC.



Principal Place of Business 169 EAST FLAGLER STREET SUITE 1517 MIAMI FL 33131	Mailing Address 169 EAST FLAGLER STREET SUITE 1517 MIAMI FL 33131
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3. Date Incorporated or Qualified **01/27/1995** 3a. Date of Last Report

2. Principal Place of Business 21 13727 SW 152 ST Suite, Apt. #, etc. 22 SUITE 325 City & State 23 MIAMI, FL Zip 24 33177	2a. Mailing Address 26 13727 SW 152 ST Suite, Apt. #, etc. 27 SUITE 325 City & State 28 MIAMI, FL Zip 29 33177
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4. FEI Number **APPLIED FOR** 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
**PONS, MARTIN E
169 EAST FLAGLER STREET
SUITE 1517
MIAMI FL 33131**

10. Name and Address of New Registered Agent
81 Name **MARTIN E PONS**
82 Street Address (P.O. Box Number is Not Acceptable) **200 SOUTH DISCAYNE BLVD #4920**
83
84 City **MIAMI** FL 85 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 *Martin E Pons* **MARTIN E PONS** 4/17/96
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	PONS, MARTIN E 13727 SW 152 ST #325
STREET ADDRESS	169 EAST FLAGLER STREET, SUITE 1517
CITY-ST-ZIP	MIAMI FL 33131 MIAMI, FL 33177
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PONS, MARTIN E
1.3 STREET ADDRESS	13727 SW 152 ST #325
1.4 CITY-ST-ZIP	MIAMI, FL 33177
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	100001839791
5.3 STREET ADDRESS	-05/25/96--01001--008
5.4 CITY-ST-ZIP	***200.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Martin E Pons* **MARTIN E PONS** 4/17/96 (305) 373-5444
DATE: 4/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)