

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

FILED

**May 07 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 # P95000010309 (9)

1. Corporation Name
MPA CORPORATE, INC.



Principal Place of Business
**2285 N.W. 21ST TERRACE
MIAMI FL 33142**

Mailing Address
**2285 N.W. 21ST TERRACE
MIAMI FL 33142-7329**

3. Date Incorporated or Qualified
02/07/1995

3a. Date of Last Report
05/22/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
65-0553492

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
**NUNEZ, ALEJANDRO
--- 6361-SUNSET-DRIVE ---
--- SOUTH MIAMI-FL 33143 ---**

10. Name and Address of New Registered Agent
81 Name
Nunez, Alejandro
82 Street Address (P.O. Box Number is Not Acceptable)
**1607 Ponce de Leon
Suite 101**
83 City
Coral Gables **FL** 85 Zip Code
33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANOSOSTE, EDUARDO	1.2 NAME	
STREET ADDRESS	365 N.E. 125TH ST. #409	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMUGLOVSKY, MARIO	2.2 NAME	Alejandro Vanososte
STREET ADDRESS	811-CAPRI ST-	2.3 STREET ADDRESS	Ave. Libertador, Centro Empre-
CITY-ST-ZIP	CORAL GABLES-FL 33134	2.4 CITY-ST-ZIP	sarial, Piso 14, of B-142
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	Chacao, Caracas, Venezuela <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUAN, HUGO	3.2 NAME	1060
STREET ADDRESS	365 N.E. 125TH ST. #409	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	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: **HUGO (RUAN)** / **4/28/97** / **1204633-2211**

CR2E034 (9/96)