

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

FILED

Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000017848 (9)

1. Corporation Name
CUMBRE, INC.



Principal Place of Business 8972 S.W. 154TH COURT MIAMI FL 33196	Mailing Address 8972 S.W. 154TH COURT MIAMI FL 33196-3895
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2. Principal Place of Business 21 2500 N.W. 20 ST Suite, Apt. #, etc. 22 / City & State 23 MIAMI FL Zip 24 33142		2a. Mailing Address 26 2500 NW 20 ST Suite, Apt. #, etc. 27 / City & State 28 MIAMI FL Zip 29 33142		3. Date Incorporated or Qualified 03/03/1995		3a. Date of Last Report 05/01/1996	
Country 25 U.S.A.		Country 30 USA		4. FEI Number 65-0564851		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent REYES, BERTA 8972 S.W. 154TH COURT MIAMI FL 33196				10. Name and Address of New Registered Agent 81 Name REYES, BERTA 82 Street Address (P.O. Box Number is Not Acceptable) 2500 N.W. 20 ST 83 / 84 City MIAMI FL 85 Zip Code 33142			
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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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	DELETE <input checked="" type="checkbox"/>		1.1 TITLE	D-SEC.	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
NAME	REYES, BERTA			1.2 NAME	BERTA REYES		
STREET ADDRESS	8972 S.W. 152ND COURT			1.3 STREET ADDRESS	2500 NW 20 ST		
CITY-ST-ZIP	MIAMI FL 33196			1.4 CITY-ST-ZIP	MIAMI FL 33142		
TITLE		DELETE <input type="checkbox"/>		2.1 TITLE	D. PRESID.	Change <input type="checkbox"/>	Addition <input checked="" type="checkbox"/>
NAME				2.2 NAME	EULALIO M. REYES		
STREET ADDRESS				2.3 STREET ADDRESS	2500 NW 20 ST		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	MIAMI FL 33142		
TITLE		DELETE <input type="checkbox"/>		3.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE <input type="checkbox"/>		4.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE <input type="checkbox"/>		5.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE <input type="checkbox"/>		6.1 TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0234540

CR2E034 (9/96)