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

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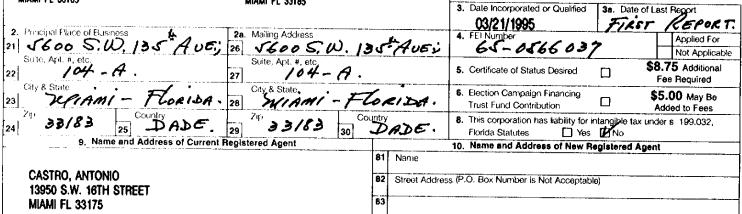
Corporation Name	5000022032 (0)
OLIMPY ENTERPRISES, II	NC.

14748 S.W. 56TH STREET **SUITE 124** MIAMI FL 33185

Principal Place of Business

Mailing Address

14748 S.W. 56TH STREET SUITE 124 **MIAMI FL 33185**



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

City 84

S:GNATURE	Squadial typed organized neare of regulated agent and little dapplical		Regustered Adeat suggester	No. 1 and 1 and 1 and 1 and 1	
12.	OFFICERS AND DIRECTORS		t Fogiste of Agent signature respired when for stating: 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THE	PDS	DELETE	1 1 TITLE	Change Addition	
NAME:	CASTRO, ANTONIO		1.2 NAME		
STREET ADDRESS 14748 S.W. 56TH STREET, SUITE 124			1.3 STREET ADDRESS	5600 5. W. 185 AUG.; Suite 104-A - 791AMI - FC 38183	
CITY ST-24F	MIAMI FL 33185		1.4 CITY - ST - ZIP	VOIANI - FC - 13/83	
TAT: F		DELETE	2 1 TILLE	Change Addition	
NAME			2 2 NAME		
STREET ADDRESS			2 3 STREET ADORESS		
CITY - ST_ZIP			2.4 CHTY - S1 - ZIP		
HTLE		DELFTE	3 1 TITLE	Change Addition	
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S RALLADORESS			3.3 STREET ADDRESS	,	
CUTY ST-ZIF			3 4 CITY - ST - ZIP		
TITLE		DELFTE	4. 1 TITLE	Change Addition	
NAMI			4.2 NAME	F1 comits F1 Monthall	
STREET ADDRESS			4.3 STREET ADDRESS		
City St-78			4.4 CITY - ST - ZIP		
THEF		DELETE	5 1 THILE	Change Addition	
NAM:			5 2 NAME		
STREET ADORESS			5 3 STREET ADDRESS		
CHTY ST ZIF			54CITY-ST-ZIP		
TULF		DELE TE	6 1 TITLE	Change C Addition	
NAME			6.2 NAME	Fig. 1990 III MOUNT	
STREET ADDRESS			6.3 STREET ADDRESS		
CHY SUZIA			64 CITY-ST-ZIP		

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 captures in Block 12 or Block 3 if channed or on an attachment with an address.

OFFICER OR DIRECTOR - 1/16/96, (305) 385-977/ SIGNATURE

CR2E034 (12/95)

Zip Code

85