

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

FILED
Apr 24 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 # P95000027886 (7)
 1. Corporate Name
C.A.D.E. OF BAL HARBOUR, CORP.

Principal Place of Business 10101 Collins Avenue Suite 15A Bal Harbour, FL 33154	Mailing Address 10101 Collins Avenue Suite 15A Bal Harbour, FL 33154
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3. Date Incorporated or Qualified 04/04/95	3a. Date of Last Report 06/13/96
4. FEI Number 65-0741374	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country	30. Country
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9. Name and Address of Current Registered Agent
SUPRASKI, LOUIS A.
Suite 760
11900 Biscayne Boulevard
Miami, Florida 33181

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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	
11.1 TITLE PD	<input type="checkbox"/> DELETE	11.1 TITLE CAMPOS, ESTER HAYDEE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.2 NAME CAMPOS, ESTER HAYDEE		11.2 NAME	
11.3 STREET ADDRESS 10101 Collins Avenue, Suite 15A		11.3 STREET ADDRESS	
11.4 CITY-STATE-ZIP Bal Harbour, FL 33154		11.4 CITY-ST-ZIP	
11.5 TITLE VSTD	<input type="checkbox"/> DELETE	12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.6 NAME D'ESPOSITO, LUIS S.		12.2 NAME	
11.7 STREET ADDRESS 10101 Collins Avenue, Suite 15A		12.3 STREET ADDRESS	
11.8 CITY-STATE-ZIP Bal Harbour, FL 33154		12.4 CITY-ST-ZIP	
11.9 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.10 NAME		13.2 NAME	
11.11 STREET ADDRESS		13.3 STREET ADDRESS	
11.12 CITY-STATE-ZIP		13.4 CITY-ST-ZIP	
11.13 TITLE	<input type="checkbox"/> DELETE	14.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.14 NAME		14.2 NAME	
11.15 STREET ADDRESS		14.3 STREET ADDRESS	
11.16 CITY-STATE-ZIP		14.4 CITY-ST-ZIP	
11.17 TITLE	<input type="checkbox"/> DELETE	15.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.18 NAME		15.2 NAME	
11.19 STREET ADDRESS		15.3 STREET ADDRESS	
11.20 CITY-STATE-ZIP		15.4 CITY-ST-ZIP	
11.21 TITLE	<input type="checkbox"/> DELETE	16.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11.22 NAME		16.2 NAME	
11.23 STREET ADDRESS		16.3 STREET ADDRESS	
11.24 CITY-STATE-ZIP		16.4 CITY-ST-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 contained 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, trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13. I shall be held liable on an attachment with an address _____

SIGNATURE: 

 ESTER HAYDEE CAMPOS
 NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-16-97**
 Daytime Phone #: **305-892-0060**

CR2E034 (9/96)