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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # **P95000031566 (9)**

Country

9. Name and Address of Current Registered Agent

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PANZEGNA, MS. 12855 SW 136 AVENUE

SUITE 108

MIAMI DESTINATION, INC.

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Principal Place of Business Mailing Address 12855 SW 136 AVENUE 401 BISCAYNE BLVD. SUITE 108 P117 MIAMI FL 33131 MIAMI FL 33186-5827 3a. Date of Last Report 3. Date Incorporated or Qualified 04/21/1995 11/04/1996 4. FEI Number 2. Principal Face of Business 2a. Mailing Address 65-0663559 Suto, Ant. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 City & State City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution

Zip

29

MIAMI FL 33186 83 84 Zip Code 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. Lem familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Country

81 Name

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SIGNATURE Sign than type the protectionnes of toppet recongenitized offert apply abor-(NOTE_flugistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN,12 OFFICERS AND DIRECTORS 12, 13. Addition DELETE THE 1.1 TITLE PANZEGNA, MS. NAME 1.2 NAME 12855 S.W. 136 AVENUE, SUITE 108 1.3 STREET ADORESS STREET ADDRESS MIAMI FL 33186 1.4 CITY - ST - ZIP CITY - \$1 - 76 DELETE $\Pi_{i,F}$ 21 TITLE NAME 22 NAME 2 3 STREET ADDRESS STREET ADDRESS 156 2 4 City-St-ZiP CITY-SI-2# DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME STAGET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY-ST ZP Change DELETE Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADJUSTES: 4.4 CITY - ST- ZIP C-TY - S1 - Z4P DELETE Change Addition 5.1 TITLE THE 5.2 NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP 01°4 \$1-76 DELETE Change Addition 61 TITLE 11/17 62 NAME NAME 6.3 STREET ADDRESS STREET ADORLOS 64 CITY - ST- ZIP

14. To horeby 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 ham 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 in an attachment with an address.

SIGNATURE:

FILED

Mar 25 1997 8:00am

Secretary of State

8. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Florida Statutes

Street Address (P.O. Box Number is Not Acceptable)

Yes No

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable