

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000033665 (7)**

1. Corporation Name  
**TIMBERCASTLE, INC.**

Principal Place of Business  
**4875 PONCE DE LEON BLVD  
SUITE 305  
CORAL GABLES FL 33146**

Mailing Address  
**4875 PONCE DE LEON BLVD  
SUITE 305  
CORAL GABLES FL 33146-2113**



2. Principal Place of Business 21 <b>48 E. FLAGLER ST.</b> Suite, Apt. #, etc. <b>SUITE 368</b> City & State <b>MIAMI FL</b> Zip <b>33131</b> Country <b>U.S.A.</b>		2a. Mailing Address 26 <b>48 E. FLAGLER ST.</b> Suite, Apt. #, etc. <b>SUITE 368</b> City & State <b>MIAMI FL</b> Zip <b>33131</b> Country <b>U.S.A.</b>		3. Date Incorporated or Qualified <b>04/25/1995</b>	3a. Date of Last Report <b>06/20/1996</b>
4. FEI Number <b>65-0587609</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SILVA, PATRICIO  
48 E FLAGLER ST. STE 368  
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 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. 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	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, ANGEL F</b>	1.2 NAME	
STREET ADDRESS	<b>RES SERRANIA APT 3A</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARACAS VENEZUELA</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTRO, RUBEN E</b>	2.2 NAME	
STREET ADDRESS	<b>LAS TRINITARIAS APT A55</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>URB SANTA FE NORTE VENEZUELA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DE HERNANDEZ, MARISELA S</b>	3.2 NAME	
STREET ADDRESS	<b>RES SERRANIA APT 3A RAZS DEL AVILA</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CARACAS VENEZUELA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATRICIO, SILVA</b>	4.2 NAME	
STREET ADDRESS	<b>2105 BRICKELL AVE. APT 212</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL 33129</b>	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Patricio Silva* **PATRICIO SILVA D.** 04/28/97

CR2E034 (9/96)