

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

FILED

**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046645 (4)

1. Corporation Name
1425 S.W. 5 STREET CORP.



Principal Place of Business: **2414 S.W. 8TH ST. MIAMI FL 33135**
Mailing Address: **2414 S.W. 8TH ST. MIAMI FL 33135-3004**

3. Date Incorporated or Qualified: **06/15/1995**
3a. Date of Last Report: **02/22/1996**

21	22	23	24	25	26	27	28	29	30	4. FEI Number APPLIED FOR 65-0633000	Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		Zip		Country	
City & State		City & State		Zip		Zip		Country		Country	

9. Name and Address of Current Registered Agent ARAZOZA, COMAS, DE TORRES & FERNANDEZ, PA 101 MADEIRA AVE. CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				FL		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDE, MANUEL A	12 NAME	
STREET ADDRESS	2720 S.W. 129TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	14 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDE, ELIA	22 NAME	
STREET ADDRESS	2720 S.W. 129TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	24 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDE, CARLOS M	32 NAME	
STREET ADDRESS	1037 ALFONSO	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	34 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDE, FRANK	42 NAME	
STREET ADDRESS	2414 SW 8 ST	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	7000002066077
STREET ADDRESS		53 STREET ADDRESS	-01/23/97--01044--036
CITY-ST-ZIP		54 CITY-ST-ZIP	***165.00
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 its receiver, 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 of an appointment with an address.

SIGNATURE: *Carlos Grande* **CARLOS GRANDE** 01-03-96 305-6424625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)