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

DOCUMENT # P95000048869 (8)

1. Corporation Name

S.C. I. TINEMAR, INC.

Principal Place of Business
3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133

Mailing Address
3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133

3. Date Incorporated or Qualified: 06/22/1995

3a. Date of Last Report

4. FEI Number: 65-0159-55-70 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21 2 Grove Isle Drive
Suite, Apt. #, etc.
22 Unit B 601
City & State
23 Miami, FL
Zip
24 33133
Country
25 U S A

2a. Mailing Address
26 3121 Commodore Plaza
Suite, Apt. #, etc.
27 # 301
City & State
28 Miami, FL
Zip
29 33133
Country
30 U S A

9. Name and Address of Current Registered Agent

LAFONTISEE, LOUIS L
3121 COMMODORE PLAZA
SUITE 301
MIAMI FL 33133

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 607.1503, 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 — DATE

12. OFFICERS AND DIRECTORS

TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	P/D	[ ] Change [ ] Addition
1 2 NAME	Jean Claude Biguine	
1 3 STREET ADDRESS	2 Grove Isle Dr. Unit 601 B	
1 4 CITY-ST-ZIP	Miami FL 33133	
2 1 TITLE	S/	[ ] Change [ ] Addition
2 2 NAME	Louis L. LaFontisee, Jr.	
2 3 STREET ADDRESS	3121 Commodore Plaza # 301	
2 4 CITY-ST-ZIP	Miami, FL 33133	
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (12/95)

14. 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)(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] 3-7-96 (305) 444-3121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #