

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000062723 (8)

1. Corporation Name

CROWN VICTORIA INC.



Principal Place of Business

520 BRICKELL KEY DRIVE
SUITE O-301
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE
SUITE O-301
MIAMI FL 33131

3. Date Incorporated or Qualified

08/15/1995

3a. Date of Last Report

2. Principal Place of Business
21 501 Brickell Key Drive

2a. Mailing Address
26 501 Brickell Key Drive

4. FEI Number

65-0643724

Applied For
Not Applicable

22 Suite Apt. #, etc
Suite 400

27 Suite Apt. #, etc
Suite 400

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State
Miami, Florida

28 City & State
Miami, Florida

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country
33131 U.S.A.

29 Zip Country
33131 U.S.A.

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes.

Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

SLOSBERGAS, NELSON
520 BRICKELL KEY DRIVE
SUITE O-301
MIAMI FL 33131

81 Name
SLOSBERGAS, NELSON

82 Street Address (P.O. Box Number is Not Acceptable)
501 Brickell Key Drive

83 Suite 400

84 City State Zip Code
Miami, FL 33131

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 607.0509, Florida Statutes.

SIGNATURE

Signature of person who registered agent in this jurisdiction. (If the person is not the registered agent, the signature is required for the change of agent.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	SANTOS, PAULO9	
STREET ADDRESS	520 BRICKELL KEY DRIVE #O-301	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	D	DELETE
NAME	SANTOS, FABIO	
STREET ADDRESS	520 BRICKELL KEY DRIVE #O-301	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE	D	DELETE
NAME	BONADIA, PAULO E	
STREET ADDRESS	520 BRICKELL KEY DRIVE #O-301	
CITY-STATE-ZIP	MIAMI FL 33131	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	Change	Addition
1.2 NAME	SANTOS, PAULO		
1.3 STREET ADDRESS	501 Brickell Key Drive, Suite 400		
1.4 CITY-STATE-ZIP	Miami, Florida 33131		
2.1 TITLE	DS	XX Change	Addition
2.2 NAME	SANTOS, FABIO		
2.3 STREET ADDRESS	501 Brickell Key Drive, Suite 400		
2.4 CITY-STATE-ZIP	Miami, Florida 33131		
3.1 TITLE	DVPT	XX Change	Addition
3.2 NAME	BONADIA, PAULO E		
3.3 STREET ADDRESS	501 Brickell Key Drive, Suite 400		
3.4 CITY-STATE-ZIP	Miami, Florida 33131		
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP			

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)(k), 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; and that my signature is required to be on the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. I am attaching with an address:

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paulo Santos

4/21/96 (305) 374-0030

(Date Printed)

CR2E034 (12/95)