

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

**FILED**  
**Feb 25 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 # P95000062774 (1)**  
 1. Corporation Name  
**MULTIPIC DEVELOPMENT CORP.**



Principal Place of Business <b>150 S.E. 2ND AVENUE                  SUITE 604                  MIAMI FL 33131</b>	Mailing Address <b>150 S.E. 2ND AVENUE                  SUITE 604                  MIAMI FL 33131-1571</b>
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3. Date Incorporated or Qualified <b>08/15/1995</b>	3a. Date of Last Report <b>02/15/1996</b>
4. FEI Number <b>65-0626144</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>17262 Collins Av.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>17262 Collins Av.</b> Suite, Apt. #, etc.
22 City & State 23 <b>Miami Beach, FL</b>	27 City & State 28 <b>Miami Beach, FL</b>
24 Zip <b>33160</b>	25 Country <b>Dade</b>
29 Zip <b>33160</b>	30 Country <b>Dade</b>

9. Name and Address of Current Registered Agent  
**SLOSBERGAS, NELSON  
 520 BRICKELL KEY DRIVE  
 SUITE 0-301  
 MIAMI FL 33131**

10. Name and Address of New Registered Agent  
 81 Name  
**Slosbergas, Nelson**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**501 Brickell Key Dr.**  
 83 **Suite 400**  
 84 City  
**Miami, FL** 85 Zip Code  
**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 607.0505, Florida Statutes.

SIGNATURE: *Nadir Nunes*  
 Signature typed & printed name of registered agent and fee 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>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNES, JOSE A</b>	1.2 NAME	
STREET ADDRESS	<b>150 S.E. 2ND AVE. SUITE 604</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NUNES, NADIR A</b>	2.2 NAME	
STREET ADDRESS	<b>150 S.E. 2ND AVE. SUITE 604</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33131</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Jose A. Nunes* OFFICER **02/19/97** (305) 956-5900  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)