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FILED

Apr 29 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 # P95000065721 (9)

1. Corporation Name

OCCIDENTAL-NORTH CORPORATION

Principal Place of Business

5319 SOUTHWEST 141ST PLACE
MIAMI FL 33175

Mailing Address

P.O. BOX 653906
MIAMI FL 33265-3906
US



3. Date Incorporated or Qualified

08/24/1995

3a. Date of Last Report

03/07/1996

2. Principal Place of Business

21 7400 S.W. 132 PL

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

24 33183

Country

25 DADE

2a. Mailing Address

26 PO Box 831195

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33283

Country

30 DADE

4. FEI Number

65-0609407

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

9. Name and Address of Current Registered Agent

LAMAZARES, PATRICK R
5319 SOUTHWEST 141ST PLACE
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name GUILLERMO ANDOLLO, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
7400 S.W. 132 PL
83
84 City MIAMI, FL 85 Zip Code 33183

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 I accept the provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Guillermo Andollo, Jr

4-22/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

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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 in an attachment with an address.

SIGNATURE

Guillermo Andollo, Jr

4-22/97 (305) 383-5161

CR2E034 (9/96)