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 # **P95000073268 (1)**

1. Corporation Name

INVERSACA, CORP.

Principal Place of Business	Mailing Address
9551 FOUNTAINBLEAU BLVD. SUITE 210 MIAMI FL 33172	9551 FOUNTAINBLEAU BLVD. SUITE 210 MIAMI FL 33172

3. Date Incorporated or Qualified: **09/21/1995**
3a. Date of Last Report:
4. FEI Number: 65-0608234-22.1112-3-2 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] **$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: 1040 NW 128 Place
Suite, Apt. #, etc. 22:
City & State 23: Miami, FL.
Zip 24: 33182 Country 25:

2a. Mailing Address
26: 1040 NW 128 Place
Suite, Apt. #, etc. 27:
City & State 28: Miami FL.
Zip 29: 33182 Country 30:

9. Name and Address of Current Registered Agent

SANGUINO, JAVIER
9551 FOUNTAINBLEAU BLVD.
SUITE 210
MIAMI FL 33172

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: Signature, type or print name of registered agent, and date. If changing registered agent, registered agent must sign above. Date

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	SANGUNIO, JAVIER	
STREET ADDRESS	9551 FOUNTAINBLEAU BLVD #210	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	SD	[ ] DELETE
NAME	CONTRERAS, NELLY	
STREET ADDRESS	9551 FOUNTAINBLEAU BLVD #210	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	[ ] DELETE
NAME	SANGUINO, MARIA	
STREET ADDRESS	9551 FOUNTAINBLEAU BLVD #210	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	[ ] DELETE
NAME	SANGUINO, JOSEFINA	
STREET ADDRESS	9551 FOUNTAINBLEAU BLVD #210	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	D	[ ] DELETE
NAME	SANGUINO, PABLO	
STREET ADDRESS	9551 FOUNTAINBLEAU BLVD #210	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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: Josefina Sanguino 3/11/96 (305) 226-3825
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)