

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

FILED

**Apr 11 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 # P95000073911 (6)

1. Corporation Name
295 S. HIBISCUS DRIVE , INC.



Principal Place of Business % JAMERSON, SUTTON & SURLAS 2655 LE JEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134	Mailing Address % JAMERSON, SUTTON & SURLAS 2655 LE JEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134-5832
---	--

3. Date Incorporated or Qualified 09/20/1995	3a. Date of Last Report 08/29/1996
--	--

21. Principal Place of Business Sutton Surlas & Mullin LLP	2a. Mailing Address Sutton Surlas & Mullin LLP
22. Suite, Apt. #, etc. 2655 Le Jeune Rd., PH-2	27. Suite, Apt. #, etc. 2655 Le Jeune Rd., PH-2
23. City & State Coral Gables, FL	28. City & State Coral Gables, FL
24. Zip 33134	29. Zip 33134
25. Country USA	30. Country USA

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

9. Name and Address of Current Registered Agent ROBERT L. JAMERSON, JR., P.A. 2655 LE JEUNE ROAD PENTHOUSE II CORAL GABLES FL 33134	
---	--

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ DATE _____
Signature: typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRILLEMBOURG, TANYA		1.2 NAME	
STREET ADDRESS 2655 LE JEUNE ROAD, PH-2		1.3 STREET ADDRESS	
CITY - ST - ZIP CORAL GABLES FL 33134		1.4 CITY - ST - ZIP	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRILLEMBOURG, DAVID D		2.2 NAME	
STREET ADDRESS 2655 LE JEUNE RD., PH-2		2.3 STREET ADDRESS	
CITY - ST - ZIP CORAL GABLES FL 33134		2.4 CITY - ST - ZIP	
TITLE DV	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRILLEMBOURG, RENE		3.2 NAME	
STREET ADDRESS 2655 LE JEUNE RD., PH-2		3.3 STREET ADDRESS	
CITY - ST - ZIP CORAL GABLES FL 33134		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: _____ DATE: **4/7/97** DAYTIME PHONE #: **(305) 371-2340**
Signature and typed or printed name of signing officer or director

CR2E034 (9/96)