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 # P95000076714 (1)

1. Corporation Name
MUNOZ & BUENO, INC.

Principal Place of Business	Mailing Address
1101 BRICKELL AVE STE 801 MIAMI FL 33131	1101 BRICKELL AVE STE 801 MIAMI FL 33131

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26 14547 SW. 122 PLACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State: MIAMI FL
24 Zip / 25 Country	29 Zip: 33186 / 30 Country: DADE

4. FEI Number — [X] 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 [X] No

9. Name and Address of Current Registered Agent

SIDLOSCA, RANDALL L
14547 SW 122 PLACE
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] DELETE	1.1 TITLE [ ] Change [ ] Addition
NAME	MUNOZ, PATRICIO		1.2 NAME
STREET ADDRESS	KENNDEY NORTE M2 1001 VILLA 1		1.3 STREET ADDRESS
CITY-ST-ZIP	GUAYAQUIL ECUADOR		1.4 CITY-ST-ZIP
TITLE	VTD	[ ] DELETE	2.1 TITLE [ ] Change [ ] Addition
NAME	MUNOZ, PATRICIA		2.2 NAME
STREET ADDRESS	KENNDEY NORTE M2 1001 VILLA 1		2.3 STREET ADDRESS
CITY-ST-ZIP	GUAYAQUIL ECUADOR		2.4 CITY-ST-ZIP
TITLE	SD	[X] DELETE	3.1 TITLE [ ] Change [ ] Addition
NAME	GUERRERO, FREDDY		3.2 NAME
STREET ADDRESS	KENNDEY NORTE M2 1001 VILLA 1		3.3 STREET ADDRESS
CITY-ST-ZIP	GUAYAQUIL ECUADOR		3.4 CITY-ST-ZIP
TITLE		[ ] DELETE	4.1 TITLE [ ] Change [ ] Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		[ ] DELETE	5.1 TITLE [ ] Change [ ] Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		[ ] DELETE	6.1 TITLE [ ] Change [ ] Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

000001804390
-05/02/96--01017--003
***200.00

ASB
5-1-96

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 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: ✓ [signature] PATRICIO MUNOZ 4/23/96 (305) 235-8337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)