

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000078302 (3)**

1. Corporation Name
INRC INVESTMENT CORP.



Principal Place of Business: **150 W. FLAGLER STREET SUITE 2200 MIAMI FL 33130**
Mailing Address: **150 W. FLAGLER STREET SUITE 2200 MIAMI FL 33130**

3. Date Prepared or Qualified: **10/11/1995**
3a. Date of Last Report: **10/11/1995**
4. FID Number: **65-0609386**
5. Certificate of Status Desired: Applied For Not Applicable
6. Election Campaign Financing: **\$8.75 Additional Fee Required**
7. Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This Corporation has liability for intangible tax under s. 193.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**FREED, OWEN S
150 W. FLAGLER STREET
SUITE 2200
MIAMI FL 33130**

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 607.0509, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	LUCA-MORETTI, MAURIZIO DR.	STREET ADDRESS	3025 ST. JAMES DRIVE	CITY-ST-ZIP	BOCA RATON FL 33434	<input type="checkbox"/> DELETE
TITLE	SD	NAME	DELGADO, FERNANDO	STREET ADDRESS	9900 W. CALUSA DRIVE	CITY-ST-ZIP	MIAMI FL 33186	<input type="checkbox"/> DELETE
TITLE	TD	NAME	CLEMENTE, ANTONIO	STREET ADDRESS	3840 ST. JAMES COURT	CITY-ST-ZIP	BOCA RATON FL 33434	<input type="checkbox"/> DELETE
TITLE	AS	NAME	FREED, OWEN S	STREET ADDRESS	150 W. FLAGLER STREET, SUITE 2200	CITY-ST-ZIP	MIAMI FL 33130	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-ST-ZIP	5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY-ST-ZIP	9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY-ST-ZIP	13. TITLE	14. NAME	15. STREET ADDRESS	16. CITY-ST-ZIP
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4/1/96 789-3458

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not pertain to a proceeding under Section 119.07(3)(a), 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 registered office employee authorized 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 if a new name and address.

SIGNATURE: OWEN S. FREED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)