SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P95000095865 (8)

1. Corporation Name

CHALLENGER FINANCE CORP.

Principal Place of Business	Mailing Address
ONE BISCAYNE TOWER STE 2100 MIAMI FL 33131	ONE BISCAYNE TOWER STE 2100 MIAMI FL 33131

2. Principal Place of Business	6619 So. Dixie Highway	2a. Mailing Address	6619 So. Dixie Highway
Suite, Apt. #, etc.	Suite 311	Suite, Apt. #, etc.	Suite 311
City & State	Miami Fl.	City & State	Miami Fl.
Zip	33143	Zip	33143
Country	USA	Country	USA

3. Date Incorporated or Qualified: 12/19/1995

3a. Date of Last Report: N/A

4. FEI Number: [✓] 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**

CLAVERO, CESAR
ONE BISCAYNE TOWER STE 2100
MIAMI FL 33131

10. **Name and Address of New Registered Agent**

Name: CESAR A. CLAVERO
Street Address (P.O. Box Number is Not Acceptable): 12475 SW 68 AVENUE
City: MIAMI FL Zip Code: 33156

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: CESAR A. CLAVERO [signature] Date: 6/23/96

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	SUAREZ, AMANCIO	
STREET ADDRESS	7280 WEST LAGO DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33143	
TITLE	D	[✓] DELETE
NAME	CLAVERO, CESAR	
STREET ADDRESS	ONE BISCAYNE TOWER STE 2100	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Vice President & Treasurer	[✓] Change [ ] Addition
2.2 NAME	AMANCIO J. SUAREZ	
2.3 STREET ADDRESS	1790 Coral Way	
2.4 CITY-ST-ZIP	MIAMI, FL.	
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)(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] 6/23/96 (305) 789 2426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CESAR A. CLAVERO

CR2E034 (3/96)

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