

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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000095976 (3)**

1. Corporation Name

INVERSIONES B-409, INC.

Principal Place of Business

**801 PONCE DE LEON BLVD. STE 501
CORAL GABLES FL 33134**

Mailing Address

**801 PONCE DE LEON BLVD. STE 501
CORAL GABLES FL 33134-3073**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 07/16/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 65-0673960	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**IRIONDO, ANDRES J
901 PONCE DE LEON BLVD. STE 501
CORAL GABLES FL 33134**

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	<input type="checkbox"/> DELETE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOZZI, CAROLINA			12 NAME			
STREET ADDRESS	1901 BRICKELL AVE #B-409			13 STREET ADDRESS			
CITY-STATE-ZIP	MIAMI FL			14 CITY-STATE-ZIP			
TITLE	VSTD	<input type="checkbox"/> DELETE		21 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE TOZZI, DOTTY			22 NAME			
STREET ADDRESS	901 PONCE DE LEON BLVD. STE 501			23 STREET ADDRESS			
CITY-STATE-ZIP	CORAL GABLES FL 33134			24 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		31 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-STATE-ZIP				34 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-STATE-ZIP				44 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-STATE-ZIP				54 CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-STATE-ZIP				64 CITY-STATE-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for 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: **4/24/97** 305 859 8058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)