


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

FILED  
Jul 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000000515</b> 1. Corporation Name <b>INDEX S.A., Inc</b>					
Principal Place of Business <b>848 Brickell Avenue, Suite #615</b> <b>Miami, FL 33131</b>			Mailing Address		
2. Principal Place of Business 21 <b>848 Brickell Avenue</b> Suite, Apt. #, etc. 22 <b>Suite #615</b> City & State 23 <b>Miami, Florida</b> Zip 24 <b>33131</b>		2a. Mailing Address 26 <b>848 Brickell Avenue</b> Suite, Apt. #, etc. 27 <b>Suite # 615</b> City & State 28 <b>Miami, Florida</b> Zip 29 <b>33131</b>		3. Date Incorporated or Qualified <b>January 3, 1996</b> 3a. Date of Last Report	
25 <b>U.S.A.</b>		30 <b>U.S.A.</b>		4. FEI Number <b>65-0629444</b> Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>James J. Sprowls</b> <b>621 N. Mashta Drive</b> <b>Key Biscayne, FL 33149</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 <i>[Signature]</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) DATE <b>July 14 / 97</b>			
12. OFFICERS AND DIRECTORS TITLE <b>PD</b> NAME <b>James J. Sprowls</b> STREET ADDRESS <b>848 Brickell Avenue, Suite # 615</b> CITY-ST-ZIP <b>Miami, Florida 33131</b> [DELETE] [DELETE] [DELETE] [DELETE] [DELETE] [DELETE]		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP [Change] [Addition] <b>400002240124</b> <b>-07/17/97--01004--020</b> <b>***550.00</b>			
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 <b>SIGNATURE: [Signature] James J. Sprowls, July 14/97 805-377-8101</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)