


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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000020681 (8)					
1. Corporation Name AVINA, INC.					
Principal Place of Business 1500 MONZA SUITE #339 CORAL GABLES FL 33146			Mailing Address 1500 MONZA SUITE #339 CORAL GABLES FL 33146		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business			3. Date Incorporated or Qualified		
21 Suite, Apt. #, etc.			03/06/1996		
22 City & State			4. FEI Number		
23 Zip			65-0658220		
24 Country			Applied For		
25			Not Applicable		
26			5. Certificate of Status Desired		
27			X \$8.75 Additional Fee Required		
28			6. Election Campaign Financing		
29			Trust Fund Contribution		
30			7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
31			Yes No		
32			8. Name and Address of Current Registered Agent		
33			C T CORPORATION SYSTEM		
34			1200 SOUTH PINE ISLAND ROAD		
35			PLANTATION FL 33324		
36			81 Name		
37			82 Street Address (P.O. Box Number is Not Acceptable)		
38			83		
39			84 City		
40			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					
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					
14. I 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 supplement 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: _____					



CR2E034 (10/97)

1/9/98 305-661-1121