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FILED

May 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000023503 (1)

1. Corporation Name  
CELDINE, INC.

Principal Place of Business

7031 SW 129 AVE #6  
MIAMI FL 33183

Mailing Address

7031 SW 129 AVE #6  
MIAMI FL 33183-2475

3. Date Incorporated or Qualified  
03/11/1996

3a. Date of Last Report  
N/A

2. Principal Place of Business

21 1899 N.W. 21 ST.

State, Apt. #, etc.

22

City & State

23 MIAMI, FL.

Zip

24 33142

Country

25 U.S.A.

2a. Mailing Address

26 1899 N.W. 21 ST.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL.

Zip

29 33142

Country

30 U.S.A.

4. FEI Number

65-0653232

Applied For

Not Applicable

5. Certificate of Status Desired

Star

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

Box

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032.

Florida Statutes

Star Yes

No

9. Name and Address of Current Registered Agent

MAYER, ROBERT M  
2474 SW 27 TER  
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name

MARIE C. CELESTIN

82 Street Address (P.O. Box Number is Not Acceptable)

15591 S.W. 105 TERR.

83

84 City

MIAMI

85

Zip Code

FL

33196

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 of person authorized to change registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/10/97

12. OFFICERS AND DIRECTORS

TITLE D CEDRAS, ALIX H DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
7031 SW 129 AVE #6  
MIAMI FL 33183

TITLE D CELESTIN, MARIE C DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
8911 SW 123 CT #208  
MIAMI FL 33188

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

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 Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

PRESIDENT

MARIE CELESTIN 4/28/97 (305)326-0800

Date

Daytime Phone

0240182

CR2E034 (9/96)