

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P96000024217 (7)**

1. Corporation Name
FUENTES HOLDINGS, INC.

Principal Place of Business
**2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133**

Mailing Address
**2665 SOUTH BAYSHORE DRIVE
MIAMI FL 33133**

FILED

97 JUL 23 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/11/1996	3a. Date of Last Report
4. FET Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 2665 S. Bayshore Dr.	26 2665 S. Bayshore Dr.
22 Suite, Apt. #, etc. Ste. 201	27 Suite, Apt. #, etc. Ste. 201
23 City & State Miami, FL 33133-5400	28 City & State Miami, FL
24 Zip 33133 Country U.S.A.	29 Zip 33133-5400 Country U.S.A.

9. Name and Address of Current Registered Agent

**A Z REGISTERED AGENT CORPORATION
2601 SOUTH BAYSHORE DRIVE STE 1600
MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name **Nicolas J. Gutierrez, Jr., Esq.**
82 Street Address (P.O. Box Number is Not Acceptable) **701 Brickell Ave.**
83 **Ste. 2150**
84 City **Miami, FL** 85 Zip Code **33131**

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

Nicolas J. Gutierrez, Jr. **Nicolas J. Gutierrez, Jr., Esq.**

5/1/97

(Signature typed or printed name of registered agent and title if any)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FUENTES-CID, PEDRO	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUENTES, RICARDO	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUENTES ROCA, LEOPOLDO	
STREET ADDRESS	2665 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FUENTES-CID, PEDRO J
1.3 STREET ADDRESS	2665 S. BAYSHORE DR. STE 201
1.4 CITY-ST-ZIP	MIAMI, FL 33133-5400
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2665 S. BAYSHORE DR., STE 201
2.3 STREET ADDRESS	MIAMI, FL 33133-5400
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2665 S. BAYSHORE DR. STE 201
3.3 STREET ADDRESS	MIAMI, FL 33133-5400
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	900002250269-5
4.3 STREET ADDRESS	-07/29/97--01041--003
4.4 CITY-ST-ZIP	****165.00 ****165.00
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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. 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.

(Secretary)

CR2E034 (4/97)