
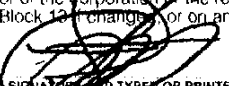


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000035457 (6)</b>			
1. Corporation Name <b>MODELO CORPORATION</b>			
Principal Place of Business <b>5545 S.W. 8TH STREET SUITE 104 MIAMI FL 33134</b>		Mailing Address <b>5545 S.W. 8TH STREET SUITE 104 MIAMI FL 33134-2276</b>	
2. Principal Place of Business 21 <b>3401 SW 16th St</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3401 SW 16th St</b> Suite, Apt. #, etc.	
22 City & State 23 <b>MIAMI FL</b> Zip Country		27 City & State 28 <b>MIAMI FL</b> Zip Country	
24 <b>33145</b> 25 <b>DADE</b>		29 <b>33145</b> 30 <b>DADE</b>	
9. Name and Address of Current Registered Agent <b>GUEVARA, ALBERTO 5545 S.W. 8TH STREET SUITE 104 MIAMI FL 33134</b>		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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME		
NAME	STREET ADDRESS		
STREET ADDRESS	CITY - ST - ZIP		
CITY - ST - ZIP	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 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, or on an attachment with an address.			
SIGNATURE:  SECRETARY 3-3-97			



CR2E034 (9/96)