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FILED
Jun 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000036232 (2)

1. Corporation Name
PUIG, INC.

Principal Place of Business
2555 COLLINS AVENUE STE 1706
MIAMI BEACH FL 33140

Mailing Address
2555 COLLINS AVENUE STE 1706
MIAMI BEACH FL 33140-4762

3. Date Incorporated or Qualified
04/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 628 ALEDO AVE.

Suite, Apt. #, etc.

22

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 DADE

2a. Mailing Address

26 628 ALEDO AVE.

Suite, Apt. #, etc.

27

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 DADE

4. FEI Number

650681025

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Yes No

9. Name and Address of Current Registered Agent

PUIG, JUAN E
2555 COLLINS AVENUE STE 1706
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

JUAN E. PUIG

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

628 ALEDO AVE

83

84 City

CORAL GABLES, FL

85 Zip Code

33134

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

TITLE D
NAME PUIG, JUAN E
STREET ADDRESS 2555 COLLINS AVENUE STE 1706
CITY-ST-ZIP MIAMI BEACH FL 33140

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME PUIG, JUAN E.
1.3 STREET ADDRESS 628 ALEDO AVE.
1.4 CITY-ST-ZIP CORAL GABLES, FL, 33016

Change Addition
ADDRESS

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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

(305)

826-7517

CR2E034 (9/96)