

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

FILED  
Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039696 (5)

1. Corporation Name  
BECCA INVESTMENTS, INC.




Principal Place of Business 2900 N.W. 7TH STREET MIAMI FL 33125	Mailing Address 2900 N.W. 7TH STREET MIAMI FL 33125-4306
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2. Principal Place of Business 21 9300 N.W. 25 ST 22 211 23 MIAMI FLA 24 33172		2a. Mailing Address 26 9300 N.W. 25 ST 27 211 28 MIAMI FLA 29 33172		3. Date Incorporated or Qualified 05/08/1996	3a. Date of Last Report N/A	4. FEI Number 65-0694306	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CEASE, MICHAEL S 2900 N.W. 7TH STREET MIAMI FL 33125		10. Name and Address of New Registered Agent 81 Name EDDIE ESCRIBANO III 82 Street Address (P.O. Box Number is Not Acceptable) 9300 N.W. 25 ST # 211 83 84 City MIAMI FL 85 Zip Code 33172	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CEASE, MICHAEL S		1.2 NAME EDDIE ESCRIBANO III	
STREET ADDRESS 2900 N.W. 7TH ST.		1.3 STREET ADDRESS 9300 N.W. 25 ST # 211	
CITY-ST-ZIP MIAMI FL 33125		1.4 CITY-ST-ZIP MIAMI FLA 33172	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE VICE-PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME LUIS DE LEON	
STREET ADDRESS		2.3 STREET ADDRESS 9300 N.W. 25 ST # 211	
CITY-ST-ZIP		2.4 CITY-ST-ZIP MIAMI FLA-33172	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  DATE: 4/1/97 DAYTIME PHONE: (305) 591-9286