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Mar 06 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 # P96000042457 (7)

1. Corporation Name
POINT AMERICAS INC.

Principal Place of Business
STE. 1015, 999 PONCE DE LEON BLVD.
CORAL GABLES FL 33134

Mailing Address
STE. 1015, 999 PONCE DE LEON BLVD.
CORAL GABLES FL 33134-3047



3. Date Incorporated or Qualified 05/17/1996
3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 58-2254171
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

FILINGS, INC.
3732 NW 16 ST.
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name JUAN VICENTE URDANETA, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BLVD.

83 SUITE 1015

84 City CORAL GABLES FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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] DATE: [Blank]

12. OFFICERS AND DIRECTORS

1. TITLE: D
2. NAME: BERGEN, SCOT V
3. STREET ADDRESS: STE. 1015, 999 PONCE DE LEON BLVD.
4. CITY - ST - ZIP: CORAL GABLES FL 33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: VON BERGEN, SCOT
1.2 NAME: 999 PONCE DE LEON BLVD. SUITE 1015
1.3 STREET ADDRESS: CORAL GABLES, FLORIDA 33134
1.4 CITY - ST - ZIP: [Blank]

1. TITLE: [Blank]

2. NAME: [Blank]
3. STREET ADDRESS: [Blank]
4. CITY - ST - ZIP: [Blank]

2.1 TITLE: [Blank]

2.2 NAME: [Blank]
2.3 STREET ADDRESS: [Blank]
2.4 CITY - ST - ZIP: [Blank]

3. TITLE: [Blank]

3.1 NAME: [Blank]
3.2 STREET ADDRESS: [Blank]
3.3 CITY - ST - ZIP: [Blank]

3.1 TITLE: [Blank]

3.2 NAME: [Blank]
3.3 STREET ADDRESS: [Blank]
3.4 CITY - ST - ZIP: [Blank]

4. TITLE: [Blank]

4.1 NAME: [Blank]
4.2 STREET ADDRESS: [Blank]
4.3 CITY - ST - ZIP: [Blank]

4.1 TITLE: [Blank]

4.2 NAME: [Blank]
4.3 STREET ADDRESS: [Blank]
4.4 CITY - ST - ZIP: [Blank]

5. TITLE: [Blank]

5.1 NAME: [Blank]
5.2 STREET ADDRESS: [Blank]
5.3 CITY - ST - ZIP: [Blank]

5.1 TITLE: [Blank]

5.2 NAME: [Blank]
5.3 STREET ADDRESS: [Blank]
5.4 CITY - ST - ZIP: [Blank]

6. TITLE: [Blank]

6.1 NAME: [Blank]
6.2 STREET ADDRESS: [Blank]
6.3 CITY - ST - ZIP: [Blank]

6.1 TITLE: [Blank]

6.2 NAME: [Blank]
6.3 STREET ADDRESS: [Blank]
6.4 CITY - ST - ZIP: [Blank]

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] DATE: 2/10/97

CR2E034 (9/96)