

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

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**Jun 10 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 # P96000047704 (7)
1. Corporation Name
KINGS' CREEK HOLDING CORPORATION



Principal Place of Business 115 MADEIRA AVE. CORAL GABLES FL 33134	Mailing Address 115 MADEIRA AVE. CORAL GABLES FL 33134-4515
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3. Date Incorporated or Qualified 06/05/1996	3a. Date of Last Report
4. FEI Number 65-0684-572	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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5201 BLUE LAGOON DR	2a. Mailing Address 26 5201 BLUE LAGOON DR
Suite, Apt. #, etc. 22 SUITE 650	Suite, Apt. #, etc. 27 SUITE 650
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip 24 33126	Country 25 USA
Zip 29 33126	Country 30 USA

g. Name and Address of Current Registered Agent
**ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, PA
101 MADEIRA AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
1.2 NAME	DIRECTOR
1.3 STREET ADDRESS	EDUARDO CUSCO
1.4 CITY-ST-ZIP	8200 SW 84 TERRACE MIAMI, FL. 33143
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	ENRIQUE CUSCO
2.4 CITY-ST-ZIP	8217 SW 84 TERRACE MIAMI, FL. 33143
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DIRECTOR
3.3 STREET ADDRESS	RICARDO CUSCO
3.4 CITY-ST-ZIP	8201 SW 84 TERRACE MIAMI FL 33143
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	JORGE WECO
4.4 CITY-ST-ZIP	8932 CRIGHTON WOOD CT. ORLANDO, FL 32819
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, 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] 4/20/97 (205) 331-1102

CR2E034 (9/96)