

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

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Apr 03 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 # P96000049746 (6)

1. Corporation Name
FEATHERBEEF, INC.



Principal Place of Business 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33134	Mailing Address 401 MIRACLE MILE SUITE 302 CORAL GABLES FL 33134
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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3. Date Incorporated or Qualified 06/11/1996	3a. Date of Last Report N/A
4. FEI Number 65-0690137	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	

9. Name and Address of Current Registered Agent
MIGUEZ, ENRIQUE A
200 S. BISCAYNE BLVD.
SUITE 4900
MIAMI FL 33131

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Darryl Padgett	1.2 NAME	
STREET ADDRESS	580 Bethany Lane	1.3 STREET ADDRESS	
CITY-ST-ZIP	West Palm Beach, FL 33415	1.4 CITY-ST-ZIP	
TITLE	D/T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Raul Masvidal	2.2 NAME	
STREET ADDRESS	2151 LeJeune Rd. Suite 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33143	2.4 CITY-ST-ZIP	
TITLE	D/S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Aristides Martinez	3.2 NAME	
STREET ADDRESS	401 Miracle Mile Suite 302	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	3.4 CITY-ST-ZIP	
TITLE		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		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		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: Enrique A. Miguez 3/26/97 305-446-3284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)