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Apr 28 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 # **P96000052132 (3)**

1. Corporation Name

PCD INFORMATICA, INC.

Principal Place of Business	Mailing Address
360 SOUTHWEST 18TH TERRACE MIAMI FL 33129	360 SOUTHWEST 18TH TERRACE MIAMI FL 33129-1019

3. Date Incorporated or Qualified
06/17/1996

3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	[X] Applied For
21	26		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
23	28		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No	
24 / 25	29 / 30		

9. Name and Address of Current Registered Agent

DOMINGUEZ, PAULO C
360 SOUTHWEST 18TH TERRACE
MIAMI FL 33129

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 Section 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: _____ April, 15, 1997.
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: **D** [ ] DELETE NAME: **DOMINGUES, PAULO C** STREET ADDRESS: **360 SOUTHWEST 18TH TERRACE** CITY-ST-ZIP: **MIAMI FL 33129**	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE: [ ] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE: [ ] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE: [ ] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE: [ ] DELETE NAME: STREET ADDRESS: CITY-ST-ZIP:	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (9/96)

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: _____ April, 15 - 1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0166239