


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

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1997 SEP 29 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AMENDED ANNUAL REPORT

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000053481 1. Corporation Name PRICE INVESTORS, INC.

Principal Place of Business 6262 Bird Road #3I Miami, Florida 33155	Mailing Address
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3. Date Incorporated or Qualified 06/24/1996	3a. Date of Last Report 03/13/97
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2. Principal Place of Business 21 c/o Miami Corporate Systems Suite, Apt. #, etc. 22 5200 Blue Lagoon Dr. #700 City & State 23 Miami, Florida Zip 24 33126	2a. Mailing Address 26 c/o Miami Corporate Systems Suite, Apt. #, etc. 27 5200 Blue Lagoon Dr. #700 City & State 28 Miami, Florida Zip 29 33126	Country 25 USA 30 USA
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4. FEI Number 65-0676420	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 ZULUETA, IGNACIO G. ESQ. 6262 Bird Road #3I Miami, Florida 33155

10. Name and Address of New Registered Agent 81 Name MIAMI CORPORATE SYSTEMS, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 5200 Blue Lagoon Drive 83 Suite 700 84 Miami FL 85 Zip Code 33126
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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  Ramon E. Rasco, President DATE 9/23/97

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	ORRIOLS, ALINA J.
STREET ADDRESS	6262 Bird Road #3I
CITY-ST-ZIP	Miami, Florida 33155
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, YOLANDA M.
STREET ADDRESS	6262 Bird Road, #3I
CITY-ST-ZIP	Miami, Florida 33155
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	
11 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	RASCO, RAMON E.
13 STREET ADDRESS	5200 Blue Lagoon Drive, Suite 700
14 CITY-ST-ZIP	Miami, Florida 33126
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	S
23 STREET ADDRESS	ESQUENAZI, SALOMON B.
24 CITY-ST-ZIP	5200 Blue Lagoon Drive, Suite 700
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 9/23/97 (305) 261-0500

CR2E034 (9/96)