

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

FILED

Apr 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
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # P96000060101 (8)
1. Corporation Name
CHARADE PROPERTIES II, INC.



Principal Place of Business 101 MADEIRA AVENUE- CORAL GABLES FL 33134	Mailing Address 101 MADEIRA AVENUE CORAL GABLES FL 33134-4618
-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------------

2. Principal Place of Business 21 5201 BLUE LAGOON DR Suite, Apt. #, etc. 22 SUITE 650 City & State 23 MIAMI FL Zip 24 33126		2a. Mailing Address 26 5201 BLUE LAGOON DR Suite, Apt. #, etc. 27 SUITE 650 City & State 28 MIAMI FL Zip 29 33126		3. Date Incorporated or Qualified 07/17/1996		3a. Date of Last Report	
25 USA		30 USA		4. FEI Number 65-0691969		Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

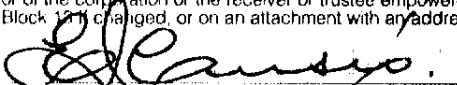
9. Name and Address of Current Registered Agent ARAZOZA COMAS DE TORRES FERNANDEZ-FRAGA PA 101 MADEIRA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	P CUSCO, EDUARDO
STREET ADDRESS		1.3 STREET ADDRESS	5201 BLUE LAGOON DRIVE SUITE 650
CITY - ST - ZIP		1.4 CITY - ST - ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	S CUSCO, ENRIQUE
STREET ADDRESS		2.3 STREET ADDRESS	5201 BLUE LAGOON DRIVE SUITE 650
CITY - ST - ZIP		2.4 CITY - ST - ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	T CUSCO, JORGE
STREET ADDRESS		3.3 STREET ADDRESS	5201 BLUE LAGOON DRIVE SUITE 650
CITY - ST - ZIP		3.4 CITY - ST - ZIP	MIAMI, FL 33126
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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:  3/12/97
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)