

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

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000060895 (5)**

1. Corporation Name
CEBLNE, CORP.

Principal Place of Business

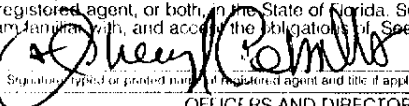
**2240 SW 57TH AVE
MIAMI FL 33155**

Mailing Address

**2240 SW 57TH AVE
MIAMI FL 33155-2235**

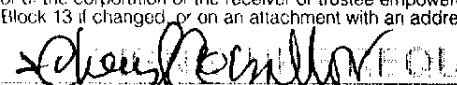


2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/22/1996		3a. Date of Last Report	
21. 40 J. ALEMANY		26. 40 J. ALEMANY		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22. 901 Ponce de Leon Blvd #500		27. 901 Ponce de Leon Blvd #500		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. COCAI GABLES, FL.		28. COCAI GABLES, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 33134		29. 33134		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				10. Name and Address of New Registered Agent			
CEBALLOS, CHERYL 2240 SW 57TH AVE MIAMI FL 33155				81. Name CEBALLOS, CHERYL.			
				82. Street Address (P.O. Box Number is Not Acceptable) 40 J. ALEMANY			
				83. 901 Ponce de Leon Blvd #500			
				84. City COCAI GABLES FL 85. Zip Code 33134			
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 				DATE 4/9/97			

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 type="checkbox"/> Addition			
NAME CEBALLOS, CHERYL				1.2 NAME 40 J. ALEMANY			
STREET ADDRESS 2240 SW 57TH AVE				1.3 STREET ADDRESS 901 Ponce de Leon Blvd. #500			
CITY-ST-ZIP MIAMI FL 33155				1.4 CITY-ST-ZIP COCAI GABLES, FL. 33134			
2.1 TITLE <input type="checkbox"/> DELETE				2.2 NAME			
2.2 NAME				2.3 STREET ADDRESS			
2.3 STREET ADDRESS				2.4 CITY-ST-ZIP			
2.4 CITY-ST-ZIP				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE <input type="checkbox"/> DELETE				3.2 NAME			
3.2 NAME				3.3 STREET ADDRESS			
3.3 STREET ADDRESS				3.4 CITY-ST-ZIP			
3.4 CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE <input type="checkbox"/> DELETE				4.2 NAME			
4.2 NAME				4.3 STREET ADDRESS			
4.3 STREET ADDRESS				4.4 CITY-ST-ZIP			
4.4 CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE <input type="checkbox"/> DELETE				5.2 NAME			
5.2 NAME				5.3 STREET ADDRESS			
5.3 STREET ADDRESS				5.4 CITY-ST-ZIP			
5.4 CITY-ST-ZIP				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE <input type="checkbox"/> DELETE				6.2 NAME			
6.2 NAME				6.3 STREET ADDRESS			
6.3 STREET ADDRESS				6.4 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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)