


FILED

Apr 04 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
<b>DOCUMENT # P96000064470 (3)</b>		
<b>1. Corporation Name</b> <b>CRYSTAL COLONY DEVELOPMENT CORP.</b>		
<b>Principal Place of Business</b> <b>9901 S.W. 145TH TERRACE</b> <b>MIAMI FL 33176</b>	<b>Mailing Address</b> <b>9901 S.W. 145TH TERRACE</b> <b>MIAMI FL 33176</b>	
<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
<b>9. Name and Address of Current Registered Agent</b>		
<b>GARCIA, HECTOR</b> <b>9901 S.W. 145TH TERRACE</b> <b>MIAMI FL 33176</b>		<b>81</b> Name <b>82</b> Street Address <b>83</b> <b>84</b> City
<b>11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.</b>		
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)		
<b>12. OFFICERS AND DIRECTORS</b>		
<b>1.1</b> TITLE <b>1.2</b> NAME <b>1.3</b> STREET ADDRESS <b>1.4</b> CITY - ST - ZIP	<b>1.1</b> TITLE <b>1.2</b> NAME <b>1.3</b> STREET ADDRESS <b>1.4</b> CITY - ST - ZIP	
<b>2.1</b> TITLE <b>2.2</b> NAME <b>2.3</b> STREET ADDRESS <b>2.4</b> CITY - ST - ZIP	<b>2.1</b> TITLE <b>2.2</b> NAME <b>2.3</b> STREET ADDRESS <b>2.4</b> CITY - ST - ZIP	
<b>3.1</b> TITLE <b>3.2</b> NAME <b>3.3</b> STREET ADDRESS <b>3.4</b> CITY - ST - ZIP	<b>3.1</b> TITLE <b>3.2</b> NAME <b>3.3</b> STREET ADDRESS <b>3.4</b> CITY - ST - ZIP	
<b>4.1</b> TITLE <b>4.2</b> NAME <b>4.3</b> STREET ADDRESS <b>4.4</b> CITY - ST - ZIP	<b>4.1</b> TITLE <b>4.2</b> NAME <b>4.3</b> STREET ADDRESS <b>4.4</b> CITY - ST - ZIP	
<b>5.1</b> TITLE <b>5.2</b> NAME <b>5.3</b> STREET ADDRESS <b>5.4</b> CITY - ST - ZIP	<b>5.1</b> TITLE <b>5.2</b> NAME <b>5.3</b> STREET ADDRESS <b>5.4</b> CITY - ST - ZIP	
<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report. Supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 or on an attachment with an address.</b>		
<b>SIGNATURE:</b> _____ <b>SIGNATURE REQUIRED</b>		