


FILE NOW: FILING FEE AFTER MAY 1 IS \$55.00

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May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynihan</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000074270 (5)**

1. Corporation Name  
**MAZONA PROPERTIES, INC.**

Principal Place of Business  
**8455 GRAND CANAL DRIVE  
MIAMI FL 33144**

Mailing Address  
**8455 GRAND CANAL DRIVE  
MIAMI FL 33144-3541**

3. Date Incorporated or Qualified **09/06/1996** 3a. Date of Last Report **N/A**

2. Principal Place of Business 21 <b>9141 SW 85 st</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>9141 SW 85 st</b> Suite, Apt. #, etc.
22 City & State 23 <b>Miami FL</b> Zip Country 24 <b>33173</b> 25 <b>USA</b>	27 City & State 28 <b>Miami FL</b> Zip Country 29 <b>33173</b> 30 <b>USA</b>

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**HERRAN, DANIEL  
8455 GRAND CANAL DRIVE  
MIAMI FL 33144**

10. Name and Address of New Registered Agent

81 Name <b>HERRAN, DANIEL</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>9141 SW 85 st</b>
83
84 City <b>Miami</b> FL 85 Zip Code <b>33173</b>

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  **Daniel Herran** 4/28/97  
(NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PVST</b> <input type="checkbox"/> DELETE
NAME	<b>HERRAN, DANIEL</b>
STREET ADDRESS	<b>8455 GRAND CANAL DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33144</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HERRAN, DANIEL</b>
STREET ADDRESS	<b>8455 GRAND CANAL DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33144</b>
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

1.1 TITLE	<b>PVST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HERRAN DANIEL</b>
1.3 STREET ADDRESS	<b>9141 SW 85 st</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HERRAN, DANIEL</b>
2.3 STREET ADDRESS	<b>9141 SW 85 st</b>
2.4 CITY-ST-ZIP	<b>MIAMI FL 33173</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PA 5/15/97</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<b>100002190871</b>
6.4 CITY-ST-ZIP	<b>-05/27/97--01013--026</b>
6.5 STREET ADDRESS	<b>***165.00</b>

14. I do hereby certify that the information supplied with this filing does not qualify for 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:  **Daniel Herran** 4/28/97 305-412-9656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (9/96)