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Feb 14 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 # P96000076842 (9)

1. Corporation Name
CADIZ ESTATES INC.



Principal Place of Business
400 SW 107 AVE., STE. 308
MIAMI FL 33174

Mailing Address
400 SW 107 AVE., STE. 308
MIAMI FL 33174-8400

3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last Report n/a
4. FEI Number 65-0700172	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	

2. Principal Place of Business 21 3850 S.W. 87 AVE. #207 Suite, Apt. #, etc. 22 MIAMI, FLORIDA 33165 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 SAME City & State 28 Zip 29	Country 25 Country 30
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9. Name and Address of Current Registered Agent

PARLADE, ALBERTO J
3850 SW 87 AVE., STE. 207
MIAMI FL 33165

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	DPST <input type="checkbox"/> DELETE	1.1 TITLE	DVPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUERTA, MANUEL A JR.	1.2 NAME	HUERTA, MANUEL A JR.
STREET ADDRESS	400 SW 107 AVE., STE. 308	1.3 STREET ADDRESS	400 SW 107 AVE., STE. 308
CITY-ST-ZIP	MIAMI FL 33174	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33174
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	ALBERTO J. PARLADE
STREET ADDRESS		2.3 STREET ADDRESS	3850 SW 87 AVE., STE. 207
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33165
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
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: Alberto J. Parlade 2/10/97 (305) 552-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/96)