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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

Principal Place of Business

SIGNATURE:

DOCUMENT # P96000077180 (3)

TURICUM INVESTMENTS, INC.

10801 S.W. 62ND AVENUE 10801 S.W. 82ND AVENUE PINECREST FL 33158-4022 PINECREST FL 33156 3. Date Incorporated or Qualified 3a. Date of Last Report 09/17/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite Apt. # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zipi Country ZiD This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MIAMI CORPORATE SYSTEMS, INC. **5200 BLUE LAGOON DRIVE** 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 700** 83 **MIAMI FL 33126** 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or podect came of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE Change Addition 11 TITLE TITLE SQUINDO, RENATO 1.2 NAME NAME 10801 S.W. 62ND AVENUE 1.3 STREET ADDRESS STREET ADDRESS PINECREST FL 33156 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change . Addition TITLE NAM **3.2 NAME** 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIE DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY - ST - ZIP CITY-SI-ZIP DELETE Change Addition THUE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - \$1 - 70P DELETE Change Addition THE 6.1 TITLE NAM: 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

City-S1-ZIP
 14. I do hereby cortify 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

RENATO KOUINSO

FILED Feb 17 1997 8:00am Secretary of State

