

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

FILED

**Feb 28 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 # P96000079819 (4)

1. Corporation Name
ALDRIDGE FINANCIAL CORP.



Principal Place of Business
**TWO SOUTH BISCAYNE BLVD.
STE 3400 ONE BISCAYNE TOWER
MIAMI FL 33131-1897**

Mailing Address
**TWO SOUTH BISCAYNE BLVD.
STE 3400 ONE BISCAYNE TOWER
MIAMI FL 33131-1897**

3. Date Incorporated or Qualified 09/25/1996	3a. Date of Last Report
4. FEI Number 65-0701390	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc	26 Suite, Apt #, etc
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent
**VALDES-FAULI CORPORATE SERVICES, INC.
TWO SOUTH BISCAYNE BLVD.
STE 3400 ONE BISCAYNE TOWER
MIAMI FL 33131-1897**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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. 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

TITLE	D <input type="checkbox"/> DELETE
NAME	SPINA, CHARLES
STREET ADDRESS	ONE WORLD TOWER STE 8929
CITY- ST- ZIP	NEW YORK NY 10048
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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Spina, Charles
1.3 STREET ADDRESS	One World Trade Center, Suite 8929
1.4 CITY- ST- ZIP	New York, NY 10048
2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cooper, Robert
2.3 STREET ADDRESS	One World Trade Center, Suite 8929
2.4 CITY- ST- ZIP	New York, NY 10048
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	
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	
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: *Charles Spina*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97 (305) 376-6000
Date Daytime Phone #

CR2E034 (9/96)