

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000087504 (2)

1. Corporation Name:

PORTLAND WORLDWIDE INVESTMENTS CORP.

Principal Place of Business

701 BRICKELL AVENUE
SUITE 850
MIAMI FL 33131

Mailing Address

701 BRICKELL AVENUE
SUITE 850
MIAMI FL 33131-2851

FILED

97 MAR 28 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/23/1996			
22		27		4. FEI Number		Applied For	
City & State		City & State		65-0715673		Not Applicable	
23		28		5. Certificate of Status Desired		8.75 Additional Fee Required	
Zip		Zip		Trust Fund Contribution		5.00 May Be Added to Fees	
24		29		6. Election Campaign Financing		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country		Country		Trust Fund Contribution		Yes No	
25		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SULLIVAN, JOHN S 701 BRICKELL AVENUE SUITE 850 MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1.1 TITLE	1.1 TITLE	
NAME	1.2 NAME	1.2 NAME	
STREET ADDRESS	1.3 STREET ADDRESS	1.3 STREET ADDRESS	
CITY - ST - ZIP	1.4 CITY - ST - ZIP	1.4 CITY - ST - ZIP	
TITLE	2.1 TITLE	2.1 TITLE	
NAME	2.2 NAME	2.2 NAME	
STREET ADDRESS	2.3 STREET ADDRESS	2.3 STREET ADDRESS	
CITY - ST - ZIP	2.4 CITY - ST - ZIP	2.4 CITY - ST - ZIP	
TITLE	3.1 TITLE	3.1 TITLE	
NAME	3.2 NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRESS	3.3 STREET ADDRESS	
CITY - ST - ZIP	3.4 CITY - ST - ZIP	3.4 CITY - ST - ZIP	
TITLE	4.1 TITLE	4.1 TITLE	
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY - ST - ZIP	4.4 CITY - ST - ZIP	4.4 CITY - ST - ZIP	
TITLE	5.1 TITLE	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY - ST - ZIP	5.4 CITY - ST - ZIP	5.4 CITY - ST - ZIP	
TITLE	6.1 TITLE	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY - ST - ZIP	6.4 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 included 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 13a changed, or on an attachment with an address.

SIGNATURE: *Javier de Otauy* DPST

3/14/97

305-301-8340

Date

Daytime Phone #

0172245

CR2E034 (9/96)