

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

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000095328 (6)**

1. Corporation Name
AVICO FINANCE GROUP CORP.



Principal Place of Business 12966 SW 133 CT. #C MIAMI FL 33186	Mailing Address 12966 SW 133 CT. #C MIAMI FL 33186-5808
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3. Date Incorporated or Qualified 11/21/1996	3a. Date of Last Report
4. FEI Number 65-0708614	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 Same	2a. Mailing Address 26 P.O. Box 162508
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Miami Fla.	28 Miami Fla.
24 Zip 33116	29 Country
25 Country	30 Country

9. Name and Address of Current Registered Agent TORRES-ZAMBRANA, VICKY 12966 SW 133 CT. #C MIAMI FL 33186	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 DP	NAME TORRES-ZAMBRANA, VICKY STREET ADDRESS 12966 SW 133 CT. #C CITY-ST-ZIP MIAMI FL 33186	1.1 TITLE President & Treasurer	1.2 NAME Vicky Torres-Zambrana 1.3 STREET ADDRESS 12966 SW 133 CT #C 1.4 CITY-ST-ZIP Miami, FL 33186
TITLE DV	NAME VELADCO, EDUARDO V STREET ADDRESS 12966 SW 133 CT. #C CITY-ST-ZIP MIAMI FL 33186	2.1 TITLE Tito Zambrana	2.2 NAME Vice President & Secretary
TITLE DST	NAME VAZQUEZ, ANA M STREET ADDRESS 12966 SW 133 CT. #C CITY-ST-ZIP MIAMI FL 33186	3.1 TITLE	3.2 NAME
TITLE D	NAME ZAMBRANA, TITO STREET ADDRESS 12966 SW 133 CT. #C CITY-ST-ZIP MIAMI FL 33186	4.1 TITLE 800002127868	4.2 NAME -03/28/97--01143--002 ***165.00
TITLE	NAME	5.1 TITLE 700002127868	5.2 NAME -03/28/97--01143--001 ***8.75
TITLE	NAME	6.1 TITLE	6.2 NAME
TITLE	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: **Vicky Torres-Zambrana** 3-10-97 305-223-4030

CR2E034 (9/96)