
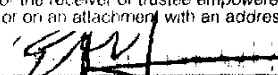


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 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	
<b>DOCUMENT # P96000095675 (0)</b>					
1. Corporation Name <b>TEMARIO, INC.</b>					
Principal Place of Business <b>11270 S.W. 163RD STREET MIAMI FL 33157</b>			Mailing Address <b>11270 S.W. 163RD STREET MIAMI FL 33157-2706</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/18/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0729594</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MIROL, ESTEBAN ANIBAL 11270 S.W. 163RD STREET MIAMI FL 33157</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code <b>FL</b>
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	<b>D</b>	<input type="checkbox"/> DELETE			
NAME	<b>MIROL, ESTEBAN ANIBAL</b>				
STREET ADDRESS	<b>11270 S.W. 163RD STREET</b>				
CITY-ST-ZIP	<b>MIAMI FL 33157</b>				
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		<b>P/T/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP		<b>33157-2706</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.1 TITLE		<b>VP</b>			
2.2 NAME		<b>JORGE HECTOR PEREZ</b>			
2.3 STREET ADDRESS		<b>11270 SW 163rd STREET</b>			
2.4 CITY-ST-ZIP		<b>MIAMI, FLORIDA 33157-2706</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.1 TITLE		<b>S/D</b>			
3.2 NAME		<b>GRACIELA BEATRIZ STILLITANI</b>			
3.3 STREET ADDRESS		<b>11270 SW 163rd STREET</b>			
3.4 CITY-ST-ZIP		<b>MIAMI, FLORIDA 33157-2706</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE					
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:  <b>3/1/97 (305) 251-6565</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)