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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

May 08 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPERATIONS

DOCUMENT # P96000095991 (1)

Principal Place of Business Mailing Address 5131 POINT ALEXIS DR BOCA RATON FL 33486 BOCA RATON FL 33486-1420											
								3. Date Incorporated or Qualified 11/22/1996	3a. Da	ite of Last R	eport
2. Principal I	Place of Busi	ness	2a. Mailing A	2a. Mailing Address 26				4. FEI Number 65-07-13-65)		oplied For of Applicable
Suite, Apt	#, etc.		Suite, Apt	Suite, Apt. #, etc. 27				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	ite		28					Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	a Name	Country 25	7ip 29		Country 30] Yes [No	. 199.032.
9. Name and Address of Current Registered Agent DEL REAL, ALEJANDRO 5131 POINT ALEXIS DR BOCA RATON FL 33486							Name Street Addre	10. Name and Address of New Research State o		agent	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, the office or registered agent, or both, in the State of Plorida. Such change was authorize agent. I am familiar with, and accept the purgations of, Section 607.0505, Florida Sta						B4	City	oration submits this statement for the	FL	1 '	Code ts registered
office or agent. I SIGNATURE		gent, or both, in the St ith, and accept the ob-	= $)$		Pres	> L	Lout	on's board of directors. I hereby acce	pt the app	ointment as	rogistered
12.	oignator, types		AND DIRECTORS	(1012	13.	Ago K	cignatore required	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	3S IN 12
TITLE NAME STREET ADDRESS	5131 POI	L, ALEJANDRO NT ALEXIS DR		DELETE	1.1 TITL 1.2 NAN 1.3 STR	ИE	DDRESS			Change	Addition
CITY-ST-ZIP	BOCA RA	TON FL 33486			1.4 0(1)	y - ST -	ZIP				
NAME STREET ADDRESS CITY-ST-ZIP			L	DELETE	2.1 YHL 2.2 NAM 2.3 STR 2.4 CH	AE EET AE	1			Change	L_ Addition
TITLE NAME STREET ADDRESS				DELETE	3.1 TITL 3.2 NAA 3.3 S1R	E ME EE1 Al	DDRESS			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			L	DELETE	3.4 CIT 4.1 TITL 4 2 NAI 4.3 ETR	.F Me eet ac	DDRES\$			Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			<u>L</u>	DELETE	4.4 DITY 5.1 TITU 5.2 NAM 5.3 \$TR	E Æ				Change	Addition
CITY-ST-ZIP	 	·		DELETE.	5.4 CH V	/- \$T-	ZIP			Change	F1 (5205)

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 eath; 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.

Alenados del Rest