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Mar 25 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 # P96000104074 (5)

1. Corporation Name
GUASCOR, INC.



Principal Place of Business Mailing Address
7360 N.W. 35TH ST MIAMI FL 33122
7360 N.W. 35TH ST MIAMI FL 33122-1267

2. Principal Place of Business
 21 | **7724 N.W. 64TH ST.**

2a. Mailing Address
 26 | **7724 N.W. 64TH ST.**

3. Date Incorporated or Qualified **12/23/1996** 3a. Date of Last Report

4. FEI Number **65-0726668** Applied For Not Applicable

State, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 | City & State
MIAMI, FLORIDA

27 | City & State
MIAMI, FLORIDA

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 | Zip Country
33166

28 | Zip Country
33166

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 | **33166**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOEFLING, THOMAS
7360 N.W. 35TH ST
MIAMI FL 33122

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
7724 N.W. 35TH STREET
 83
 84 City **MIAMI, FLORIDA** FL 85 **33166**

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

Signature of the person named in 9. If not registered and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAJALES, JOSEBA	12 NAME	
STREET ADDRESS	P.O. BOX 76801080	13 STREET ADDRESS	
CITY-ST-ZIP	VITORIA/GASTIEZ SPAIN	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAITUVI, MARTIN	22 NAME	
STREET ADDRESS	P.O. BOX 76801080	23 STREET ADDRESS	
CITY-ST-ZIP	VITORIA/GASTIEZ SPAIN	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TDANCO, JOSE M	32 NAME	FRANCO, JOSE M.
STREET ADDRESS	P.O. BOX 76801080	33 STREET ADDRESS	
CITY-ST-ZIP	VITORIA/GASTIEZ SPAIN	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRIBIN, HUGO	42 NAME	
STREET ADDRESS	7360 N.W. 35TH STREET	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOEFLING, THOMAS	52 NAME	
STREET ADDRESS	7360 N.W. 35TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33122	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

HUGO TRIBIN

2/28/97

305-591-4130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTON FISH • 0002625

CR2E034 (9/96)