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FILED
May 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

DOCUMENT # S38021 (9)
 1. Corporation Name
VIZCAYA LANDSURVEYOR INC.



Principal Place of Business: **13217 SW 46 LN MIAMI FL 33175-1362 US**
 Mailing Address: **13217 SW 46 LN MIAMI FL 33175-3918 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1991	3a. Date of Last Report 06/04/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0262240	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		30	Country	10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
ALVAREZ, JORGE
15390 SW 157TH TERR
MIAMI FL 33187

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RAMON E.	1.2 NAME	
STREET ADDRESS	13217 SW 46 LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1362	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, RMIRTHA B.	2.2 NAME	
STREET ADDRESS	13217 SW 46 LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1362	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, LORRAINE E.	3.2 NAME	
STREET ADDRESS	13217 SW 46 LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1362	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MIRTHA C.	4.2 NAME	
STREET ADDRESS	13217 SW 46 LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175-1362	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOIRAC, ARTURO R	5.2 NAME	
STREET ADDRESS	6423 COLLINS AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: _____ **4/28/97 (305)223-6060**

CR2E034 (9/96)