FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S47793 (2)

1. Corporation Name
CONSOLIDATED ENERGIES OF SOUTH FLORIDA, INC.

Principal Place of Business
2061 NW BOCA RATON BLVD
SUITE 10339
BOCA RATON FL 33431
US

Mailing Address
2061 NW BOCA RATON BLVD.
SUITE 10339
BOCA RATON FL 33431
US

3. Date Incorporated or Qualified: 04/22/1991
3a. Date of Last Report: 04/19/1995
4. FEI Number: 65-0265081 — [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [X] No

2. Principal Place of Business
21 1399 S.W. 2nd St.
Suite, Apt. #, etc.
22
City & State
23 Boca Raton, FL
Zip 24 33486 Country 25 USA

2a. Mailing Address
26 1399 SW 2nd St.
Suite, Apt. #, etc.
27
City & State
28 Boca Raton, FL
Zip 29 33486 Country 30 USA

9. Name and Address of Current Registered Agent
COOPER, GARY
100 WEST CYPRESS CREEK ROAD
SUITE 930
FT. LAUDERDALE FL 33309

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

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

Field	Officer/Director	Delete
TITLE	DPV	[ ] DELETE
NAME	DEGRADO, RON	
STREET ADDRESS	1399 SW 2ND STREET	
CITY-ST-ZIP	BOCA RATON, FL 33486	
TITLE	ST	[ ] DELETE
NAME	DEGRADO, RON	
STREET ADDRESS	1399 SW 2ND STREET	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	DV	[ ] DELETE
NAME	ANDINO, JULIO	
STREET ADDRESS	5820 SW 11TH STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE		[ ] Change	[ ] Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		[ ] Change	[ ] Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		[ ] Change	[ ] Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		[ ] Change	[ ] Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		[ ] Change	[ ] Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		[ ] Change	[ ] Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ronald DeGrado RONALD DEGRADO 4/4/96 407 338-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #