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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED

Jan 14 1997 8:00am Secretary of State

	MEN I # S6543 IANCE CORP.	4 (0)			NANG BUBUN BUBUN BUBUN BUBUN BUBUN BUBUN BERB
Principal Place of Business Mailing Address 501 BRICKELL KEY DR., ST. 205 501 BRICKELL KEY [MIAMI FL 33131 MIAMI FL 33131			т. 208		JABAH BIBIK BIBIK BABAH BIBIK BIBIK INBA
				3. Date Incorporated or Quatified	3a. Date of Last Report
Principal f	Place of Business	2a, Mailing Address		07/11/1991 4. FEI Number	02/19/1996 Applied For
21 26) <u>-</u>		65-0280808	Not Applicable
Suite, Apt		Suite, Apt #, etc.	- 2.62	5. Certificate of Status Desired	\$8.75 Additional
22 SU City & Sta		27 SUITE	202	0.51-11-0	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	
24	25 g Name and Address of Curr		[30]	Florida Statutes 10. Name and Address of New Reg	Yes No
CIN	REZ, ANGEL	ont riegistered Agent	81 Name	10. Harris and Address of How Hos	Jistorou Agont
	RPEL & COMPANY		82 Street Add	dress (P.O. Box Number is Not Acceptable	la)
1000 BRICKELL AVE., SUITE 900				dress (1.0. box Number is Not Acceptable	6)
1	MI FL 33131		63		
			84 City		FL 85 Zip Code
11 Pursuani	to the provisions of Sections 607.0	502 and 607 1508. Florida Statuti	es the above-named cor	rporation submits this statement for the p	urnose of changing its registered
l office or	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was a	authorized by the corpora	ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE					
40	Signature: typed or printed name or registrent a	agent and life of supheable (NOTI IND DIRECTORS	E: Registered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE
12.	PD	DELETE	1 1 TITLE	ADDITIONS/OFFAIGES TO OFFICE	Change Addition
NAME	MURRAY, PATRICK L		12 NAME		
STREET ADDRESS	725 NE 96TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	- Decre	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	VSD DE LA NUEZ, MIRIAM	DELETE	2.1 T(TLE 2.2 NAME		C cuanda C Wounan
STREET ADDRESS			2 3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33183		2. 4 CITY~ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
DITY-ST-ZIP TITLE		DELETE	3.4. CITY- ST- ZIP		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		;
CITY-SI-ZIP		F	4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME CTREST ADDROSCO			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS CITY+ST+ZIP			5.4 CITY-S1-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

14. Ido 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 appears in Block 12

SIGNATURE: