

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Aug 21 1996 8:00 am
Secretary of State

DOCUMENT # S66400 (0)
1. Corporation Name
FLORENCE INVESTMENT INC.



Principal Place of Business: **280 BAL CROSS DR BAL HARBOUR FL 33154**
Mailing Address: **280 BAL CROSS DR BAL HARBOUR FL 33154**

3. Date Incorporated or Qualified: **07/16/1991**
3a. Date of Last Report: **09/06/1995**
4. FEI Number: **65-0339082**
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 No

2. Principal Place of Business: **21** Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25** Country
26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip Country
30

9. Name and Address of Current Registered Agent
**AGUILERA, GUIDO A.
815 PONCE DE LEON BLVD.
CORAL GABLES FL 33134**

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 of registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (Name of Registered Agent or Director)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DE PUEYO, FLORENCIA R.	
STREET ADDRESS	CALLE SAN FRANCISCO	
CITY - ST - ZIP	CARACAS, VENEZUELA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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)(b), Florida Statutes. Further, I 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 effect as that 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 of the Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100001928891
-08/21/96--01091--016
*****375.00**
[Signature]
8/15/96

CR2E034 (3/96)