

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

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S70787** (4)

1. Corporation Name:
GIACOSA INC.



Principal Place of Business 501 SW 37TH AVE MIAMI FL 33135 US	Mailing Address 1385 CORAL WAY SUITE 406 MIAMI FL 33145-2941
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3. Date Incorporated or Qualified 08/05/1991	3a. Date of Last Report 04/01/1996
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2. Principal Place of Business 21 394 Giralda Avenue Suite, Apt. #, etc. 22 N/A City & State 23 Coral Gables, FL Zip 24 33134	2a. Mailing Address 26 394 Giralda Avenue Suite, Apt. #, etc. 27 N/A City & State 28 Coral Gables, FL Zip 29 33134
Country 25 USA	Country 30 USA

4. FEI Number 65-0278588	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ANTON, EDUARDO 1385 CORAL WAY SUITE 406 MIAMI FL 33145	10. Name and Address of New Registered Agent 81 Name Renato Perez 82 Street Address (P.O. Box Number is Not Acceptable) 1105 S.W. 87th Avenue 83 84 City Miami FL 85 Zip Code 33174
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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 my obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  **Renato Perez** **2/17/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME DE LA TORRE, HOMERO R.	1.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME De la Torre, Homero R.
STREET ADDRESS 501 S.W. 37TH AVE.	CITY-ST-ZIP MIAMI FL	1.2 NAME De la Torre, Homero R.	1.3 STREET ADDRESS 501 S.W. 37th Avenue
TITLE D <input checked="" type="checkbox"/> DELETE	NAME ALVAREZ, ALFREDO E.	1.4 CITY-ST-ZIP Miami, Florida	2.1 TITLE T/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 9763 N.W. 48TH TERRACE	CITY-ST-ZIP MIAMI FL	2.2 NAME Alvarez, Alfredo E.	2.3 STREET ADDRESS 9763 N.W. 48 Terrace
TITLE <input type="checkbox"/> DELETE	NAME	2.4 CITY-ST-ZIP Miami, Florida	3.1 TITLE P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME Gonzalez, Jairo E.	3.3 STREET ADDRESS 2760 North Bay Road
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP Miami, Florida 33140	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	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:  **Jairo E. Gonzalez** **2/17/97** **477-0315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)