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Jan 30 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 # S78330

(5)

1. Corporation Name
REBOREDO & ASSOCIATES, INC.



Principal Place of Business

340 MINORCA AVE.
SUITE 7
CORAL GABLES FL 33134
US

Mailing Address

340 MINORCA AVE.
SUITE 7
CORAL GABLES FL 33134-4320
US

3. Date Incorporated or Qualified
09/04/1991

3a. Date of Last Report
03/03/1996

2. Principal Place of Business

21 1107 ADUANA AV.
Suite, Apt. #, etc.

22

23 Coral Gables, FL
City & State

24 33146
Zip

25 USA
Country

2a. Mailing Address

26 2501 BRICKELL AVE.
Suite, Apt. #, etc.

27

28 MIAMI FL
City & State

29 33129
Zip

30 USA
Country

4. FEI Number

65-0286817

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 No

g. Name and Address of Current Registered Agent

REBOREDO, GASTON
340 MINORCA AVE.
SUITE 7
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name REBOREDO, GASTON
82 Street Address (P.O. Box Number is Not Acceptable)
1107 ADUANA AV.

83

84 City CORAL GABLES FL 85 Zip Code 33146

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 GASTON REBOREDO 1/17/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME REBOREDO, GASTON
STREET ADDRESS 340 MINORCA AV. #7
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VS
NAME REBOREDO, REBECA
STREET ADDRESS 340 MINORCA AV. #7
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME REBOREDO, GASTON
1.3 STREET ADDRESS 1107 ADUANA AV.
1.4 CITY-ST-ZIP CORAL GABLES, FL 33146

2.1 TITLE VS
2.2 NAME REBOREDO, REBECA
2.3 STREET ADDRESS 1107 ADUANA AV.
2.4 CITY-ST-ZIP CORAL GABLES, FL 33146

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: GASTON REBOREDO PRESIDENT 1/17/97 (855)662-1799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)