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 # **S79663** **(8)**

1. Corporation Name
COSTA RICA TEMPTATIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 01-2471 MIAMI FL 33101-2471	1600 N.W. LE JEUNE SUITE 301 MIAMI FL 33126 US

3. Date Incorporated or Qualified: **09/11/1991**
3a. Date of Last Report: **03/21/1995**

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

4. FEI Number: **65-0286574** ☐ 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

9. Name and Address of Current Registered Agent

FORMOSO-MURIAS, HECTOR
ZIMBLE FORMOSO-MURIAS, P.A.
~~**1401 BRICKELL AVENUE, SUITE 730**~~
~~**MIAMI FL 33131**~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 1101 Brickell Avenue, Penthouse Ste
84 City: Miami, FL 85 Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~OTV~~	☐ DELETE	1.1 TITLE	D,P,S	☒ Change ☐ Addition
NAME	POZUELO, TOMAS		1.2 NAME		
STREET ADDRESS	1600 NW LE JEUNE, SUITE 301		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	~~PS~~	☒ DELETE	2.1 TITLE	VP,	☐ Change ☒ Addition
NAME	~~VALENCIA, GLORIA~~		2.2 NAME	Pol, Lola	
STREET ADDRESS	~~1600 N.W. LE JEUNE, SUITE 301~~		2.3 STREET ADDRESS	1600 N.W. Le Jeune, Suite 301	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ DELETE	3.1 TITLE	Assistant Secretary, Treasurer	☐ Change ☒ Addition
NAME			3.2 NAME	Pol, Pio A.	
STREET ADDRESS			3.3 STREET ADDRESS	1600 N.W. Le Jeune, Suite 301	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE		☐ DELETE	4.1 TITLE	Assistant Secretary	☐ Change ☒ Addition
NAME			4.2 NAME	Formoso Murias, Hector	
STREET ADDRESS			4.3 STREET ADDRESS	1101 Brickell Ave, PH	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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***225.00
4.14

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: TOMAS POZUELO 2/12/96 (305)871-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)