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 # **S82271** **(5)**

1. Corporation Name
INVERSIONES MONIMBO, INC.

Principal Place of Business
529 N.W. 12TH AVENUE
MIAMI FL 33136-3629

Mailing Address
529 N.W. 12TH AVENUE
MIAMI FL 33136-3629

3. Date Incorporated or Qualified **09/24/1991**

3a. Date of Last Report **05/01/1995**

4. FEI Number **65-0340925** [] Applied For [] Not Applicable

5. Check if Additional Fee Required [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. Is this corporation authorized to transact business in Florida? [X] Yes [ ] No

2. Principal Place of Business
21
Suite Apt. No.
22
City & State
23
Zip 24 County 25

2a. Mailing Address
26
Suite Apt. No.
27
City & State
28
Zip 29 County 30

9. Name and Address of Current Registered Agent
GAYTAN, GLORIA
529 N.W. 12TH AVE.
MIAMI FL 33128

10. Name and Address of New Registered Agent
81 Name
82 Street Address P.O. Box Number is N/A if applicable
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. The corporation further certifies that the office and the registered agent named herein have been authorized by the corporation to accept the designation of such office or registered agent, or both, in Florida.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	GAYTAN, GLORIA	
Street Address	529 N.W. 12TH AVENUE	
City, St, Zip	MIAMI FL	
TITLE	D	[ ] DELETE
NAME	GAYTAN, ALFONSO	
Street Address	529 N.W. 12TH AVENUE	
City, St, Zip	MIAMI FL	
TITLE		[ ] DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		[ ] DELETE
NAME		
Street Address		
City, St, Zip		
TITLE		[ ] DELETE
NAME		
Street Address		
City, St, Zip		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	[ ] Change	[ ] Add
NAME		
Street Address		
City, St, Zip		
TITLE	[ ] Change	[ ] Add
NAME		
Street Address		
City, St, Zip		
TITLE	[ ] Change	[ ] Add
NAME		
Street Address		
City, St, Zip		
TITLE	[ ] Change	[ ] Add
NAME		
Street Address		
City, St, Zip		
TITLE	[ ] Change	[ ] Add
NAME		
Street Address		
City, St, Zip		

CR2E034 (12/95)

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall constitute my signature to this report. I am aware that false information submitted in a report pursuant to the Florida Business Corporation Act, Section 607.0505, Florida Statutes, may be subject to the penalties of Section 817.155, Florida Statutes, and that my signature shall constitute my signature to an oath or affirmation under the penalties of perjury under the laws of the State of Florida.

SIGNATURE: [signature] 3-25-96 305-3260747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR