

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 # **V24125** (9)

1. Corporation Name

**CLACEL CORPORATION**



Principal Place of Business

**ONE GROVE ISLE DR  
SUITE 706  
COCONUT GROVE FL 33133  
US**

Mailing Address

**12391 NW 11TH STREET  
PEMBROKE PINES FL 33026  
US**

3. Date Incorporated or Qualified

**03/23/1992**

3a. Date of Last Report

**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

**BARRANCO, ELENA  
12391 NW 11TH STREET  
PEMBROKE PINES FL 33026**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when not filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRANCO, ELENA M.</b>	
STREET ADDRESS	<b>ONE GROVE ISLE DR., #706</b>	
CITY-STATE-ZIP	<b>COCONUT GROVE FL</b>	
TITLE	<b>BARR</b>	<input type="checkbox"/> DELETE
NAME	<b>ANCO, EDUARDO J</b>	
STREET ADDRESS	<b>735A E. 7TH AVE</b>	
CITY-STATE-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRANCO, FRANCISCO A.</b>	
STREET ADDRESS	<b>9531 FOUNTAINE BLEAU BLVD. #302</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Registered Agent*

*4-27-96 (305) 433 0808*

Date

Daytime Phone

CR2E034 (12/95)