

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # V50942 (4)**

1. Corporation Name:  
**CATALONIA MINORCA MANAGEMENT, INC.**



Principal Place of Business: **1260 MARIOLA COURT CORAL GABLES FL 33134**  
Mailing Address: **1260 MARIOLA COURT CORAL GABLES FL 33134**

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
25. Country

3. Date Incorporated or Qualified: **08/01/1992**  
3a. Date of Last Report: **03/31/1995**  
4. FLI Number: **65-0346272**  
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:  
**FORMAN, TERRY J.  
1521 SOUTHWEST LEJUENE ROAD  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent:  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0102 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 actioned 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: \_\_\_\_\_ TITLE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ROBIN, JEAN PAUL</b>		2. NAME	
STREET ADDRESS: <b>1260 MARIOLA COURT</b>		3. STREET ADDRESS	
CITY, ST, ZIP: <b>CORAL GABLES FL</b>		4. CITY, ST, ZIP	
TITLE: <b>STD</b>	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BAUDEAN, JACQUES</b>		6. NAME	
STREET ADDRESS: <b>1260 MARIOLA COURT</b>		7. STREET ADDRESS	
CITY, ST, ZIP: <b>CORAL GABLES FL</b>		8. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		10. NAME	
STREET ADDRESS:		11. STREET ADDRESS	
CITY, ST, ZIP:		12. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		14. NAME	
STREET ADDRESS:		15. STREET ADDRESS	
CITY, ST, ZIP:		16. CITY, ST, ZIP	
TITLE:	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		18. NAME	
STREET ADDRESS:		19. STREET ADDRESS	
CITY, ST, ZIP:		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information provided 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 applicable, or as an attachment with an address.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

4/10/96 (25) 6666457