

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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country

2a. Mailing Address:
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

3. Date Incorporated or Qualified: **08/01/1992**
3a. Date of Last Report: **03/31/1995**

4. FLI Number: **65-0346272**
Applied For: Applied For
Not Applicable: 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:
**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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROBIN, JEAN PAUL	
STREET ADDRESS	1260 MARIOLA COURT	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BAUDEAN, JACQUES	
STREET ADDRESS	1260 MARIOLA COURT	
CITY, ST, ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	
16. NAME	
17. STREET ADDRESS	
18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	
20. NAME	
21. STREET ADDRESS	
22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	
24. NAME	
25. STREET ADDRESS	
26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	
28. NAME	
29. STREET ADDRESS	
30. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 available, or as an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 (25) 6666457

CR2E034 (12/95)