

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V50942 (4)**

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



Principal Place of Business <b>1260 MARIOLA COURT CORAL GABLES FL 33134</b>	Mailing Address <b>1260 MARIOLA COURT CORAL GABLES FL 33134-6264</b>
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3. Date Incorporated or Qualified <b>08/01/1992</b>	3a. Date of Last Report <b>04/15/1996</b>
4. FEI Number <b>65-0346272</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>I71 North HIBISCUS DIRVE</b>	2a. Mailing Address 26 <b>I71 North HIBISCUS DRIVE</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>MIAMI BEACH FLORIDA</b>	City & State 28 <b>MIAMI BEACH FLORIDA</b>
Zip 24 <b>33139</b>	Country 25 <b>DADE</b>
29 <b>33139</b>	30 <b>DADE</b>

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

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>I71 NOTH HIBISCUS DRIVE</b>
1.4 CITY - ST - ZIP	<b>MIAMI BEACH FLA 33139</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>I71 NORTH HIBISCUS DRIVE</b>
2.4 CITY - ST - ZIP	<b>MIAMI BEACH FLA 33139</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, and that I am 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.

SIGNATURE: \_\_\_\_\_ DATE: **3.25.97** DAYTIME PHONE #: **(305) 674 8450**

CR2E034 (9/96)