

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

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33134-6264
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3. Date Incorporated or Qualified 08/01/1992	3a. Date of Last Report 04/15/1996
4. FEI Number 65-0346272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 I71 North HIBISCUS DIRVE Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH FLORIDA Zip 24 33139	2a. Mailing Address 26 I71 North HIBISCUS DRIVE Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH FLORIDA Zip 29 33139
Country 25 DADE	Country 30 DADE

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

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 title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	I71 NOTH HIBISCUS DRIVE
1.4 CITY - ST - ZIP	MIAMI BEACH FLA 33139
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	I71 NORTH HIBISCUS DRIVE
2.4 CITY - ST - ZIP	MIAMI BEACH FLA 33139
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 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: _____
SIGNATURE AND TYPE OF OFFICE OR TITLE OF SIGNING OFFICER OR DIRECTOR

3. 25. 97 (205) 674 8450
Date Daytime Phone #

CR2E034 (9/96)