

ANNUAL REPORT
1995



SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS

95 MAR 31 PM 12: 06

DOCUMENT # V59206 (5)

1. Corporation Name

URCUPINA INVESTMENTS, INC.

Principal Place of Business

% CARLOS A. ZALLES
200 S BISCAYNE BLVD SUITE 2400
MIAMI FL 33131

Mailing Address

% CARLOS A. ZALLES
200 S BISCAYNE BLVD SUITE 2400
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/21/1992
3a. Date of Last Report 03/24/1994

4. FCI Number 65-0351718
Applied For 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

MELENZ-PENATE, CARLOS
MORGAN, LEWIS & BOCKIUS
5300 SE FINANCIAL CTR. 200 S BISCAYNE BLVD
MIAMI FL 33131-2339

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1908, 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 signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZALLES, CARLOS A
STREET ADDRESS	745 MYRTLEWOOD LN
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	VD
NAME	ZALLES, LEONOR P
STREET ADDRESS	745 MYRTLEWOOD LN
CITY - ST - ZIP	KEY BISCAYNE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - 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)(b), 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, change 1, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

[Handwritten Signature]

1/16/95 (305) 365-9351

13a

(Article 1, Section 6)