

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V59206

1. Corporation Name

Urcupina Investments, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

21 745 Myrtlewood Lane

26 150 Sunrise Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 Apt #2A

City & State

City & State

23 Key Biscayne, Fl

28 Key Biscayne, Fl

Zip

Country

Zip

Country

24 33149

25 USA

29 33149

30 USA

3. Date Incorporated or Qualified

08/21/92

3a. Date of Last Report

March 1995

4. FLE 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Mendez-Penate, Carlos
 Morgan, Lewis & Bockius
 5300 SE Financial Ctr.
 200 SE Biscayne Blvd
 Miami, Fl 33131-2339

81 Name Millard Gillen

82 Street Address (P.O. Box Number is Not Acceptable)
 150 Sunrise Drive #2A

83 Key Biscayne, Fl 33149

84 City Key Biscayne, Fl

FL

85 Zip Code 33149

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Millard Gillen*

Signature taken from printed name of the person named in the signature line.

Name of Registered Agent (Print Name of Agent)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	Zalles, Carlos A.	
STREET ADDRESS	745 Myrtlewood Lane	
CITY-STATE-ZIP	Key Biscayne, Fl 33149	
TITLE	V/D	<input type="checkbox"/> DELETE
NAME	Zalles, Leonor P.	
STREET ADDRESS	745 Myrtlewood Lane	
CITY-STATE-ZIP	Key Biscayne, Fl 33149	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	500001902588 <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-07/23/96--01141--008
53 STREET ADDRESS	***225.00
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 if changed, or on an attachment with an address.

SIGNATURE: *Leonor P. Zalles*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96 305 361-7414

DATE OF FILING

CR2E034 (12/95)