

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT

1996 1997



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

APPROVED
AND
FILED

1997 SEP -3 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V65675 (3)

1. Corporation Name

PRISCILLA INVESTMENTS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 191511
MIAMI BEACH FL 33119

P.O. BOX 191511
MIAMI BEACH FL 33119

2. Principal Place of Business

21 150 South Shore Dr.

2b. Mailing Address

26 8357 W. Flagler

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 MIAMI BEACH, FL

27 City & State

28 MIAMI FL

Zip

Country

Zip

Country

24 25 USA

29 33144 30 USA

9. Name and Address of Current Registered Agent

FERNANDEZ, JOSE
1207 DREXEL AVE #10
MIAMI BEACH FL 33139

3. Date Incorporated or Qualified

09/22/1992

3a. Date of Last Report

04/19/1995

4. FEI Number

65-0374615

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

10. Name and Address of New Registered Agent

81 Name

German A. Salazar

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

15350 NW 79 CT

83

84 City

MIAMI LAKES

FL

85 Zip Code

33016

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/2/97

12. OFFICERS AND DIRECTORS

TITLE PO
NAME BIELER, ELIZABETH
STREET ADDRESS 1207 DREXEL AVE #10
CITY-ST-ZIP MIAMI BEACH FL

TITLE 5
NAME GERMAN DOGLIONI
STREET ADDRESS 8357 W. FLAGLER #150
CITY-ST-ZIP MIAMI, FL 33144

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
300002285433--2
-09/05/97--01047--001
*****465.00 *****465.00

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
300002285433--2
-09/05/97--01047--002
*****450.00 *****450.00

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/2/97 (305) 823-9293

CR2E034 (3/96)