

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

FILED

**Apr 30 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 # 649530 (3)

1. Corporation Name
"S" CORPORATION



Principal Place of Business 3912 S.W. 8TH STREET CORAL GABLES FL 33134-8902	Mailing Address 3912 S.W. 8TH STREET CORAL GABLES FL 33134-2902
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3. Date Incorporated or Qualified 12/28/1979	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 P.O. Box 141275
22 City & State	27 -
23 Zip Country	28 Coral Gables, FL
24 Zip Country	29 33114 30 USA

4. FEI Number 59-1957032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANCHEZ, JUSTO F.
3912 S.W. 8TH STREET
CORAL GABLES FL 33134**

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 33134

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	VD	
NAME	SANCHEZ, JUSTO F	
STREET ADDRESS	216 CAMPINA CT	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, ELENA	
STREET ADDRESS	216 CAMPINA CT.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	SANCHEZ, JUSTO J.	
STREET ADDRESS	216 CAMPINA CT.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PM	<input type="checkbox"/> DELETE
NAME	SANCHEZ, LOURDES B.	
STREET ADDRESS	216 CAMPINA CT.	
CITY-ST-ZIP	CORAL GABLES. FL.	
TITLE	VDI	<input type="checkbox"/> DELETE
NAME	RUA, LEONOR	
STREET ADDRESS	216 CAMPINA CT.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	Mrs. Elena Sanchez		
2.3 STREET ADDRESS	passed away 5/22/96		
2.4 CITY-ST-ZIP			
3.1 TITLE	CD, S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	SANCHEZ, Justo J		
3.3 STREET ADDRESS	8955 Collins Ave. #115		
3.4 CITY-ST-ZIP	Miami Beach, FL 33154		
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	VDI	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME	RUA, Leonor		
5.3 STREET ADDRESS	216 Campina Ct.		
5.4 CITY-ST-ZIP	Coral Gables, FL 33134		
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 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: Justo J Sanchez, Chairman 4/20/97 444-6611

(205)
Date Daytime Phone #

CR2E034 (9/96)