

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 207465 (6)**  
 1. Corporation Name  
**40 SALAMANCA CORPORATION**



Principal Place of Business <b>40 SALAMANCA AVENUE CORAL GABLES FL 33134</b>	Mailing Address <b>40 SALAMANCA AVENUE CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 111 Kane Concourse</b>		2a. Mailing Address <b>26 111 Kane Concourse</b>		3. Date Incorporated or Qualified <b>11/11/1957</b>	
Suite, Apt. #, etc. <b>22 504</b>		Suite, Apt. #, etc. <b>27 504</b>		4. FEI Number <b>59-1636337</b>	
City & State <b>23 Bay Harbor FL</b>		City & State <b>28 Bay Harbor FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33154</b>		Zip <b>29 33154</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30 Dade</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NUNEZ, LUZMARY 4001 N.W. 5 ST MIAMI FL 33126</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 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: *Luzmary Nunez* *Luzmary Nunez* **4/16/98**  
 Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JESSELLI, PATRICIA			1.2 NAME			
STREET ADDRESS	40 SALAMANCA AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JESSELLI, PATRICIA			2.2 NAME			
STREET ADDRESS	40 SALAMANCA AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	O'CONNELL, RICH			3.2 NAME			
STREET ADDRESS	40 SALAMANCA AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	OWNEN, RICHARD K			4.2 NAME			
STREET ADDRESS	40 SALAMANCA AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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: *Patricia A. Jesselli* **4/16/98 (305) 865-8718**

CR2E034 (10/97)