

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 331343 (4)
 1. Corporation Name
CLARIDGE HOUSE, INC.



Principal Place of Business C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US	Mailing Address C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 06/17/1968	
4. FEI Number 13-2617356	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MURAI, WALD, BIONDO, MATTHEWS & MORENO, PA
25 S.E. SECOND AVENUE, SUITE #900
MIAMI FL 33131

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHULTHEIS, THEODORE	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	ISAIAS, ESTEFANO	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	ISAIAS, ROBERTO	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ISAIAS, WILLIAM	
STREET ADDRESS	422 EAST 58TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHULTHEIS, THEODORE	
1.3 STREET ADDRESS	2490 CORAL WAY # 403	
1.4 CITY-ST-ZIP	MIAMI, FL.	
2.1 TITLE	VPTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ISAIAS, ESTEFANO	
2.3 STREET ADDRESS	2800 PONCE DE LEON BLVD.	
2.4 CITY-ST-ZIP	CORAL GABLES, FL	
3.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ISAIAS, ROBERTO	
3.3 STREET ADDRESS	2800 PONCE DE LEON BLVD.	
3.4 CITY-ST-ZIP	CORAL GABLES, FL.	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ISAIAS, WILLIAM	
4.3 STREET ADDRESS	2800 PONCE DE LEON BLVD.	
4.4 CITY-ST-ZIP	CORAL GABLES, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Theodore Schulteis* Theodore Schulteis 4/14/98 305-885-5811

GR2E034 (10/97)