

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

**FILED**  
**Mar 18 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 # 443382 (7)**

1. Corporation Name  
**ADDISON INVESTMENTS, INC.**

Principal Place of Business <b>601 BRICKELL KEY DR                  STE. 501                  MIAMI FL 33131-2651                  US</b>	Mailing Address <b>601 BRICKELL KEY DR                  STE. 501                  MIAMI FL 33131-2651                  US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**02/05/1974**

4. FEI Number  
**59-1578664**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**GUTIERREZ, RENALDY J.  
 601 BRICKELL KEY DR.  
 STE 501  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BUESO, GUILLERMO</b>	
STREET ADDRESS	<b>COLONIA SAN IGNACIO, RESIDENCIAL CA #23</b>	
CITY - ST - ZIP	<b>TEGUCIGALPA HO</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>MOLINA, JOSE R.</b>	
STREET ADDRESS	<b>COLONIA PALMIRA</b>	
CITY - ST - ZIP	<b>TEGUCIGALPA HO</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>FERNANDEZ, JUSTO R.</b>	
STREET ADDRESS	<b>COLONIA SAN IGNACIO RES CAS #23</b>	
CITY - ST - ZIP	<b>TEGUCIGALPA HO</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>GUTIERREZ, RENALDY J.</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR, STE 501</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<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: *Renaldy J. Gutierrez* ASSISTANT SECRETARY 2/25/98 (305) 577-4500

CFR2034 (10/97)