

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F96000004032 (6)
1. Corporation Name
CONSOLIDATED DEVELOPMENT CORPORATION



Principal Place of Business 19 WEST FLAGLER STREET, STE 414 MIAMI FL 33130		Mailing Address 19 WEST FLAGLER STREET, STE 414 MIAMI FL 33130 P.O. BOX 143-557 CORAL GABLES, FLA 33114	
2. Principal Place of Business 21 501 BRICKELL KEY DRIVE Suite, Apt. #, etc. 22 504		2a. Mailing Address 26 P.O. BOX 143-557 Suite, Apt. #, etc. 27	
City & State 23 MIAMI, FLA		City & State 28 CORAL GABLES, FLA	
Zip 24 33131		Country 25 U.S.A.	
29 33114		30	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1996	
4. FEI Number 59-1089768	Applied For <input checked="" 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 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 METSCH, LAWRENCE R 19 WEST FLAGLER STREET, STE 416 BISCAYNE BLDG. MIAMI FL 33130				10. Name and Address of New Registered Agent 81 Name NICOLAS J. GUTIERREZ, JR. ESQ. 82 Street Address (P.O. Box Number is Not Acceptable) 501 BRICKELL KEY DRIVE, SUITE 504 83 84 City MIAMI, FLORIDA FL 85 Zip Code 33131			
--	--	--	--	---	--	--	--

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 Nicolas J. Gutierrez, Jr., Nicolas J. Gutierrez, Jr., Esq. DATE 4/21/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRICHTON, JACK			12 NAME			
STREET ADDRESS	10830 N CENRAL EXPWY, STE 175			13 STREET ADDRESS			
CITY-ST-ZIP	DALLAS TX			14 CITY-ST-ZIP			
TITLE	DPST	<input type="checkbox"/> DELETE		21 TITLE	CRO DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DIAZ MASVIDAL, ALBERTO			22 NAME	DIAZ MASVIDAL ALBERTO		
STREET ADDRESS	19 WEST FLAGLER STREET, STE 414			23 STREET ADDRESS	11055 W 133 CT		
CITY-ST-ZIP	MIAMI FL 33130			24 CITY-ST-ZIP	MIAMI, FLA, 33186		
TITLE	DVST	<input checked="" type="checkbox"/> DELETE		31 TITLE	NICOLAS J. GUTIERREZ, JR.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METSCH, LAWRENCE R			32 NAME	501 BRICKELL KEY DRIVE, SUITE 504		
STREET ADDRESS	19 WEST FLAGLER STREET, STE 414			33 STREET ADDRESS	MIAMI, FLA, 33131		
CITY-ST-ZIP	MIAMI FL 33130			34 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		41 TITLE	D. GERTRUDIS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GERTRUDIS DIAZ MASVIDAL			42 NAME	DIAZ MASVIDAL		
STREET ADDRESS				43 STREET ADDRESS	11055 W 133 CT		
CITY-ST-ZIP				44 CITY-ST-ZIP	MIAMI, FLA, 33186		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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: ALBERTO DIAZ MASVIDAL 4/20/98 (305) 388-5400

CR2E034 (10/97)