

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

FILED
Feb 27 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 # K39982 (9)

1. Corporation Name
OFF - ROAD, INC.

Principal Place of Business C/O HOWARD W. GORDON 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134	Mailing Address C/O HOWARD W. GORDON 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/13/1988	4. FEI Number 65-0078759	Applied For 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		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 100 SE 2nd St., 17 Fl. 23 City & State Miami, Fla. 24 Zip 33131 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 100 SE 2nd St., 17 Fl. 28 City & State Miami, Fla. 29 Zip 33131 30 Country
--	---

9. Name and Address of Current Registered Agent GORDON, HOWARD W. C/O SEMET, LOKSTEN, MORGENSTERN & BERGER 201 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street 83 17 Floor 84 City Miami 85 FL 86 Zip Code 33131
---	---

11. Pursuant to the provisions of Sections 607.0522 and 607.0508, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PDS	SHAKED, HAIM (DR.)		
2025 BRICKELL AVENUE, #2103		1.3 STREET ADDRESS	
MIAMI FL		1.4 CITY-ST-ZIP	
		2.1 TITLE	
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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 within address.

SIGNATURE: _____ Feb 15, 98 (305) 854-5122

CR2E034 (10/97)