

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 08 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 # K96154

(5)

1. Corporation Name
 EVEBA OF FLORIDA, INC.

Principal Place of Business

141 SW 19TH RD
 MIAMI FL 33129-422
 US

Mailing Address

141 SW 19TH RD
 MIAMI FL 33129 422
 US

2. Principal Place of Business

21 | Suite, Apt. #, etc.
 22 | City & State
 23 | Zip | Country
 24 |

2a. Mailing Address

26. 1985 NW 88 CT
 (Suite) Apt. #, etc.
 27. 101
 City & State
 28. MIAMI, FLORIDA
 Zip | Country
 29. 33177 | 30. USA

9. Name and Address of Current Registered Agent

CABEZA, MANUEL E.
 175 N.W. FIRST AVENUE
 ELEVENTH FLOOR
 MIAMI FL 33128

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City

FL 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1505, 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

OFFICERS AND DIRECTORS

12. NAME: P CASTRO, RICARDO
 STREET ADDRESS: 9965 NW 88 AVE.
 CITY/STATE: MEDLEY FL
 TITLE: VDT
 NAME: CASTRO, JOSE R.
 STREET ADDRESS: 9965 NW 88 AVE
 CITY/STATE: MEDLEY FL
 TITLE: [DELETE]
 NAME: [DELETE]
 STREET ADDRESS: [DELETE]
 CITY/STATE: [DELETE]
 TITLE: [DELETE]
 NAME: [DELETE]
 STREET ADDRESS: [DELETE]
 CITY/STATE: [DELETE]
 TITLE: [DELETE]
 NAME: [DELETE]
 STREET ADDRESS: [DELETE]
 CITY/STATE: [DELETE]

REGISTERED AGENTS (Name and Mailing Address)

13. 11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY/STATE/ZIP
 15 TITLE
 16 NAME
 17 STREET ADDRESS
 18 CITY/STATE/ZIP
 19 TITLE
 20 NAME
 21 STREET ADDRESS
 22 CITY/STATE/ZIP
 23 TITLE
 24 NAME
 25 STREET ADDRESS
 26 CITY/STATE/ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition
 [] Change [] Addition
 [] Change [] Addition
 [] Change [] Addition
 [] Change [] Addition

14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in section 119.07(3)(f), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 registered 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 original name with an address.

SIGNATURE:

JOSE R. CASTRO 9/28/98 (305) 593 2644

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