


FILED
May 05 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 # M21859
1. Corporation Name
KATAMARAN CORPORATION

(7)

Principal Place of Business
11817 SW 103 LANE
MIAMI FL 33186

Mailing Address
11817 SW 103 LANE
MIAMI FL 33186

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified
10/11/1985

4. FEI Number
59-2591175

5. Certificate of Status Desired
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Applied For
Not Applicable
\$8.75 Additional Fee Required
\$5.00 May Be Added to Fees
Yes No

9. Name and Address of Current Registered Agent
HERRERA, GUADALUPE S.
11817 S.W. 103 LANE
MIAMI FL 33186

10. Name and Address of New Registered Agent
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 607.1508, Florida Statutes, the 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
1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE
NAME
STREET ADDRESS
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: X
GUADALUPE HERREIRA VICE
4-21-98
634-6696