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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

300002918173--9
-06/23/99--01020--004
****70.00 ****70.00

DOCUMENT # N98000001734

1. Corporation Name
ENTRADA CORPORATION

Principal Place of Business
3576 MATHESON AVENUE
COCONUT GROVE, FL 33133

Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/18/98
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number — Applied For / X Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired — $8.75 Additional Fee Required
24 Zip — 25 Country	29 Zip — 30 Country	6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent
SOUTH FLORIDA RESIDENT AGENTS, INC.
200 SOUTH BISCAYNE BOULEVARD
SUITE 4750
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 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD NAME: BURKE, REDMOND DR. STREET ADDRESS: 3576 MATHESON AVENUE CITY-ST-ZIP: COCONUT GROVE, FL 33133	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE: VD NAME: SHEROUSE, CHRISTIE MS. STREET ADDRESS: 3591 STEWART AVENUE CITY-ST-ZIP: COCONUT GROVE, FL 33133	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE: SD NAME: KORTH, ANN MS. STREET ADDRESS: 3575 STEWART AVENUE CITY-ST-ZIP: COCONUT GROVE, FL 331	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP — ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Redmond P. Burke — June 7, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REDMOND BURKE