

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000044115 (1)
 1. Corporation Name
EASTERN NATIONAL MANAGEMENT SERVICES, INCORPORATED



Principal Place of Business C/O ABEL IGLESIAS 799 BRICKELL PLAZA MIAMI FL 33131 US	Mailing Address C/O ABEL IGLESIAS 799 BRICKELL PLAZA MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Mark Fleming Suite, Apt. #, etc. 22 799 Brickell Plaza City & State 23 Miami, Florida Zip 24 33131	2a. Mailing Address 26 c/o Mark Fleming Suite, Apt. #, etc. 27 799 Brickell Plaza City & State 28 Miami, Florida Zip 29 33131	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 06/07/1994	4. FEI Number 65-0527962	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**VALDES-FAULI CORPORATE SERVICES, INC.
 SUITE 3400-ONE BISCAYNE TOWER
 2 S. BISCAYNE BLVD.
 MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	VALDES-FAULI, JOSE
STREET ADDRESS	799 BRICKELL PLAZA
CITY-ST-ZIP	MIAMI FL 33131
TITLE	VPS <input type="checkbox"/> DELETE
NAME	GONZALEZ, GEORGE
STREET ADDRESS	799 BRICKELL PLAZA
CITY-ST-ZIP	MIAMI FL 33131
TITLE	PT <input checked="" type="checkbox"/> DELETE
NAME	IGLESIAS, ABEL
STREET ADDRESS	799 BRICKELL PLAZA
CITY-ST-ZIP	MIAMI FL 33131
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLEMING, MARK W.
1.3 STREET ADDRESS	799 BRICKELL PLAZA
1.4 CITY-ST-ZIP	MIAMI, FL 33131
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAMPOS, CARIDAD H.
3.3 STREET ADDRESS	799 BRICKELL PLAZA
3.4 CITY-ST-ZIP	MIAMI, FL 33131
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 with an address _____

SIGNATURE _____ DATE **4/15/98** (305) 347-1515

CR2E034 (10/97)