

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

Jul 16 1998 8:00am
 Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # P96000007554 (4)
 1. Corporation Name
CENTRAL AMERICAN EQUITIES CORP.



Principal Place of Business
**19200 VON KARMAN
 STE 805
 IRVINE CA 92715
 US**

Mailing Address
**19200 VON KARMAN
 STE 805
 IRVINE CA 92715
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/23/1996

4. FEI Number
65-0636168

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
Suite 850

22 City & State

23 Zip **92612** Country

26 Suite, Apt. #, etc.
Suite 850

27 City & State

28 Zip **92612** Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LITTMAN, ERIC P.
 1428 BRICKELL AVE
 8TH FL
 MIAMI FL 33134**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
7695 SW 104th St

83

84 City **Miami** FL 85 Zip Code **33156**

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

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	D	<input type="checkbox"/> DELETE
NAME	TALLEY, RICHARD WM	
STREET ADDRESS	19200 VON KARMAN STE 805-850	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FRANCIS, WARREN W	
STREET ADDRESS	19200 VON KARMAN STE 805	
CITY-ST-ZIP	IRVINE CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSEN MILLER, W.F.O.	
STREET ADDRESS	19200 VON KARMAN STE 805-850	
CITY-ST-ZIP	IRVINE CA 92612	
TITLE	R	<input type="checkbox"/> DELETE
NAME	Paul	
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		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Suite 850
1.4 CITY-ST-ZIP	92612
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Suite 850
3.4 CITY-ST-ZIP	92612
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Director Paul D. King
4.3 STREET ADDRESS	19200 Von Karmann # 850
4.4 CITY-ST-ZIP	Irvine, CA 92612
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: **Paul D. King Director 7-8-98 (944) 757-0222**

CR2E034 (5/98)