

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

**FILED**

**Apr 23 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 # P96000060101 (8)**

1. Corporation Name  
**CHARADE PROPERTIES II, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **5201 BLUE LAGOON DR STE 650 MIAMI FL 33126 US**  
Mailing Address: **5201 BLUE LAGOON DR STE 650 MIAMI FL 33126 US**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

3. Date Incorporated or Qualified	<b>07/17/1996</b>
4. FEI Number	<b>65-0691969</b>
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**ARAZOZA COMAS DE TORRES FERNANDEZ-FRAGA PA  
101 MADEIRA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CUSCO, EDUARDO</b>	
STREET ADDRESS	<b>5201 BLUE LAGOON DRIVE STE 650</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CUSCO, ENRIQUE</b>	
STREET ADDRESS	<b>5201 BLUE LAGOON DR STE 650</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CUSCO, JORGE</b>	
STREET ADDRESS	<b>5201 BLUE LAGOON DRIVE STE 650</b>	
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	
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	<b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Cusco, Eduardo</b>	
1.3 STREET ADDRESS	<b>9390 NW 109th Street</b>	
1.4 CITY-ST-ZIP	<b>Medley, FL 33178-1225</b>	
2.1 TITLE	<b>VPSD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Sotolongo, Raul</b>	
2.3 STREET ADDRESS	<b>9390 NW 109th Street</b>	
2.4 CITY-ST-ZIP	<b>Medley, FL 33178-1225</b>	
3.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Smith, Raul</b>	
3.3 STREET ADDRESS	<b>9390 NW 109th Street</b>	
3.4 CITY-ST-ZIP	<b>Medley, FL 33178-1225</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Hermida, Carlos</b>	
4.3 STREET ADDRESS	<b>9390 NW 109th Street</b>	
4.4 CITY-ST-ZIP	<b>Medley, FL 33178-1225</b>	
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: *[Signature]*

4/17/98

CR2E034 (10/97)