

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

FILED
May 18 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 # P96000103628 (9)

1. Corporation Name
319 CARRIAGE HOUSE, INC.



Principal Place of Business
200 S BISCAYNE BLVD SUITE 2410 MIAMI FL 33131

Mailing Address
200 S BISCAYNE BLVD SUITE 2410 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 420 Lincoln Road		26 420 Lincoln Road		12/24/1996		65-0721688 65-0715857		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite 432		27 Suite 432		6. Election Campaign Financing		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>			
23 Miami Beach, FL		28 Miami Beach, FL		8. This corporation owes or has paid the current year Intangible		<input type="checkbox"/>		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country			
24 33139		25 U.S.A.		29 33139		30 U.S.A.			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ATRIUM REGISTERED AGENTS, INC.				81 Name PLC Investments, Inc.			
1500 SAN REMO AVENUE				82 Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Road			
SUITE 125				83 Suite 432			
CORAL GABLES FL 33146				84 City Miami Beach, FL			
				85 Zip Code 33139			

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: *Hilda C. Montero, Secretary* DATE: **4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President, Secretary, Director
STREET ADDRESS		1.3 STREET ADDRESS	Hilda C. Montero
CITY-ST-ZIP		1.4 CITY-ST-ZIP	420 Lincoln Road, Suite 432
			Miami Beach, Florida 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Director
STREET ADDRESS		2.3 STREET ADDRESS	Pablo L. Cejas
CITY-ST-ZIP		2.4 CITY-ST-ZIP	420 Lincoln Road, Suite 432
			Miami Beach, Florida 33139
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	Julie L. Neitzel
CITY-ST-ZIP		3.4 CITY-ST-ZIP	420 Lincoln Road, Suite 432
			Miami Beach, Florida 33139
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Hilda C. Montero, General Partner* DATE: **4/28/98** DAYTIME PHONE: **305-531-1220**

CR2E034 (10/97)