

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

FILED
Apr 02 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 # P97000006632 (8)
 1. Corporation Name
OAK SHUTTLE CORPORATION



Principal Place of Business 2333 BRICKELL AVE. #2807 MIAMI FL 33129	Mailing Address 2333 BRICKELL AVE. #2807 MIAMI FL 33129
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8740 SW 63 CT Suite, Apt. #, etc. _____ 22 _____ City & State MIAMI FL Zip 33143 Country USA		2a. Mailing Address 26 8740 SW 63 CT. Suite, Apt. #, etc. _____ 27 _____ City & State MIAMI FL Zip 33143 Country USA		3. Date Incorporated or Qualified 01/23/1997	
4. FEI Number 65-0740023		Applied For 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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent
ROBLES, CLAUDIO J
2333 BRICKELL AVE. #2807
MIAMI FL 33129

10. Name and Address of New Registered Agent
 81 Name **ROBLES CLAUDIO JAVIER**
 82 Street Address (P.O. Box Number is Not Acceptable)
8740 SW 63 CT
 83 **MIAMI FL 33143**
 84 City **MIAMI** 85 Zip Code **FL 33143**

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBLES, CLAUDIO J	
STREET ADDRESS	2333 BRICKELL AVE. #2807	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRYGIEL, NANCY A	
STREET ADDRESS	2333 BRICKELL AVE. #2807	
CITY-ST-ZIP	MIAMI FL 33129	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 addendum.

SIGNATURE: _____ 03/28/98 305 665 4107

CR2E034 (10/97)