

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

FILED
Feb 24 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 # P97000029649

1. Corporation Name
Signs & Advertising Inc.
151 Crandon Blvd unit 728
Key Biscayne, FL 33149

Principal Place of Business: *same as above*
 Mailing Address: *same as above*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <i>same as above</i>	2a. Mailing Address 26 <i>151 Crandon Blvd</i>
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27 <i>unit 728</i>
City & State 23	City & State 28 <i>Key Biscayne Fl</i>
Zip 24	Zip 29 <i>33149</i>
Country 25	Country 30 <i>USA</i>

3. Date Incorporated or Qualified
11-02-1997

4. FEI Number
65-0769639

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

9. Name and Address of Current Registered Agent

Roman Ree
9100 S. Dahlman Blvd 410
Miami, FL 33156

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 *Roman Ree* *Roman Ree* *2.18.98*

12. OFFICERS AND DIRECTORS

TITLE <i>P</i>	NAME <i>Maria A. Alvarado Morals</i>	DELETED <input type="checkbox"/>
STREET ADDRESS <i>151 Crandon Blvd Unit 728</i>	CITY-ST-ZIP <i>Key Biscayne, FL 33149</i>	
TITLE <i>V</i>	NAME <i>Maria A. Postigo Morals</i>	DELETED <input type="checkbox"/>
STREET ADDRESS <i>151 Crandon Blvd Unit 728</i>	CITY-ST-ZIP <i>Key Biscayne, FL 33149</i>	
TITLE <i>V</i>	NAME <i>Ara Cristina Postigo Morals</i>	DELETED <input type="checkbox"/>
STREET ADDRESS <i>151 Crandon Blvd Unit 728</i>	CITY-ST-ZIP <i>Key Biscayne, FL 33149</i>	
TITLE <i>TS</i>	NAME <i>José Luis Postigo Lopez</i>	DELETED <input type="checkbox"/>
STREET ADDRESS <i>151 Crandon Blvd Unit 728</i>	CITY-ST-ZIP <i>Key Biscayne, FL 33149</i>	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED <input type="checkbox"/>
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE *	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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****150.00*

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]* *2.18.98* *1-305-6701089*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)