

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

**FILED**  
**May 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Senora B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P97000060116 (5)**  
 1. Corporation Name:  
**93 MAIN HIGHWAY PROPERTIES, INC.**



Principal Place of Business <b>2027 SW 23 ST. MIAMI FL 33145</b>	Mailing Address <b>2027 SW 23 ST. MIAMI FL 33145</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3056 S.W. 17 Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>3056 S.W. 17 Street</b> Suite, Apt. #, etc.
22 City & State 23 <b>Miami, Florida</b>	27 City & State 28 <b>Miami, Florida</b>
24 Zip <b>33145</b> 25 Country <b>USA</b>	29 Zip <b>33145</b> 30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>07/10/1997</b>	
4. FEI Number <b>65-0836829</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SOLAR, OLGA 2027 SW 23 ST. MIAMI FL 33145</b>	10. Name and Address of New Registered Agent 81 Name <b>George L. Garcia, Esq</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>807 S.W. 25 Ave, #206</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33135</b>
---	--

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: *George L. Garcia* DATE: **4/22/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>DPS</b>	<input checked="" type="checkbox"/>
NAME	<b>SOLAR, OLGA</b>	
STREET ADDRESS	<b>2027 SW 23 ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>DPS</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>LUIS DIAZ</b>		
1.3 STREET ADDRESS	<b>3056 S.W. 17 Street</b>		
1.4 CITY-ST-ZIP	<b>Miami, FL 33145</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/22/98**

CR2E034 (10/97)