

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

FILED
May 01 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 # S76145 (9)
 1. Corporation Name
LIMONAR DEVELOPMENT, INC.



Principal Place of Business
**260 CRANDON BLVD.
 SUITE 26C
 KEY BISCAIYNE FL 33149**

Mailing Address
**260 CRANDON BLVD.
 SUITE 26C
 KEY BISCAIYNE FL 33149**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/27/1991	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 65-0294644	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	6. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORDOBA, MARIA C 260 CRANDON BLVD #26 KEY BISCAIYNE FL 33149				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOBA, ALFONSO	1.2 NAME	
STREET ADDRESS	260 CRANDON BLVD #26	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOBA, MARIA CECILIA	2.2 NAME	
STREET ADDRESS	260 CRANDON BLVD #26	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOD, SIDNEY S	3.2 NAME	
STREET ADDRESS	260 CRANDON BLVD. STE 26	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOBA, VIRGINIA	4.2 NAME	
STREET ADDRESS	260 CRANDON BLVD. STE 26	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORDOBA, CECILIA	5.2 NAME	
STREET ADDRESS	260 CRANDON BLVD. STE 26	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	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: *Maria Cecilia Cordoba Good* **MARIA CECILIA CORDOBA GOOD 4/21/98 (305)361-9800**

CR2E034 (10/97)