

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

FILED

Mar 26 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 # L36222 (2)
1. Corporation Name
700 COMMODORE, INC.

Principal Place of Business 201 SEVILLA AVE. SUITE 302 CORAL GABLES 33 33134 US	Mailing Address 201 SEVILLA AVE SUITE 302 CORAL GABLES 33 33134 US
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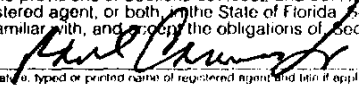


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/11/1989	
				4. FEI Number 65-0192657	
				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	

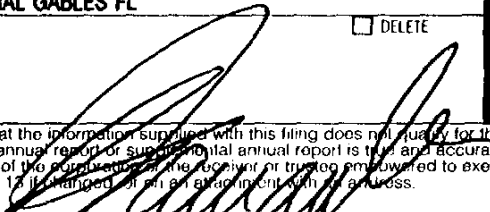
9. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 25 S.E. 2ND AVE. #800 MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name CARRERAS, RAUL JR. 82 Street Address (P.O. Box Number is Not Acceptable) 999 Ponce de Leon Boulevard 83 Suite 720 84 City Coral Gables 85 Zip Code FL 33134	
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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  DATE Feb 26, 1998
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUSTAMANTE, ALBERTO I 201 SEVILLA AVE, #302 KEY BISCAIYNE FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUSTAMANTE DE PONCE, ANA 201 SEVILLA AVE 302 CORAL GABLES FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS BUSTAMANTE DE LOPEZ, MAR 201 SEVILLA AV 302 CORAL GABLES FL	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BUSTAMANTE, ALBERTO C 201 SEVILLA AVENUE SUITE 302 CORAL GABLES FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BUSTAMANTE, GLADYS M 201 SEVILLA AVENUE SUITE 302 CORAL GABLES FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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; and that my signature is required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, of an appointment with the address.

SIGNATURE  DATE Feb. 26, 1998 (305) 448-8811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALBERTO BUSTAMANTE I.
Resident

CR2E034 (10/97)