

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

FILED  
May 19 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 # S01616 (9)  
1. Corporation Name  
ONE STOP PROPERTIES, INC.



Principal Place of Business  
9005 NW 15TH AVE  
STE 200  
HIALEAH GARDENS FL 33016

Mailing Address  
9005 NW 15 AVE  
HIALEAH GARDENS FL 33016

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5340 NW 161ST ST Suite, Apt. #, etc. 22 City & State 23 Hialeah Florida Zip 24 33014 Country 25 USA		2a. Mailing Address 26 5340 NW 161ST ST Suite, Apt. #, etc. 27 City & State 28 Hialeah Florida Zip 29 33014 Country 30 USA		3. Date Incorporated or Qualified 09/18/1990	4. FEI Number 65-0020877 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" 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
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9. Name and Address of Current Registered Agent RYDZ ABRAHAM 330 RIDGEWOOD DR KEY BISCAYNE 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	
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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 Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating)		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	DT RYDZ, ABRAHAM 330 RIDGE WOOD DR KEY BISCAYNE FL	<input type="checkbox"/> DELETE	
TITLE	S BATTLE, JOSE M. 605 WARREN LN KEY BISCAYNE FL	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
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 address.

SIGNATURE: *x Abraham Rydz* 04/17/98 635-7444

CR2E034 (10/97)