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

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED Jun 04 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H76331 (8)CORAL PROPERTIES, INC. Principal Place of Business Mailing Address 7360 SW 24 ST.STE 34 7360 SW 24 ST.STE 34 MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1985 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-2580260 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name ARGIMON, CONSTANTINO 7360 SW 24 ST Street Address (P.O. Box Number is Not Acceptable) 82 #34 83 **MIAMI FL 33155** 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 (NOTE: Registered Agent signature required when reinstating) Signature, type 1 or practed name of registeric ages Land the if copil rable CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. L. DELETE Change Addition TITLE 1.1 TOUR ARGIMON, CONSTANTINO NAME 1.2 NAME 7360 SW 24TH ST. #34 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DILETE Change Addition TITLE 2.1 TITLE ALVARADO, BENJAMIN 2.2 NAME NAME 7360 SW 24TH ST #34 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CHTY - ST - ZIP DELETE Change Addition TITLE 41 THE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 2IP CITY-S1-ZIP Addition DELETE 61 TITLE Change NAME 6.2 NAME

> 6.3 STREET ADDRESS 6.4 CHY - ST - ZIP

14. Thereby certify that the information supplied with this filling 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 minural 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 covered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on are placetiment with an address.