


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 16, 1999 8:00 am
Secretary of State

08-16-1999 90003 015 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 183321
 1. Corporation Name
ESTATES, INC.

Principal Place of Business C/O KFRE, LTD. P.O. BOX 55-9033 MIAMI FL 33255-9033 US	Mailing Address C/O KFRE, LTD. P.O. BOX 55-9033 MIAMI FL 33255-9033 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6262 Bird Road Suite, Apt. #, etc. 22 Suite 2J City & State 23 Miami, FL Zip 24 33155	2a. Mailing Address 26 c/o KFRE, LTD. Suite, Apt. #, etc. 27 P. O. Box 55-9033 City & State 28 Miami, FL Zip 29 33255-9033	Country 25 Dade Country 30 Dade
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3. Date Incorporated or Qualified 02/11/1955	4. FEI Number 59-0948193	Applied For <input type="checkbox"/> 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 the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
FAYES, JR, THOMAS F
16 SW 1ST AVE
MIAMI FL 33130

10. Name and Address of New Registered Agent
 81 Name
MARY LUMANNICK
 82 Street Address (P.O. Box Number is Not Acceptable)
11770 S. W. 29th Street
 83
 84 City
Miami **FL** 85 Zip Code
33175

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 *Mary Lumannick* DATE **08/23/99**
Signature, Type and Print Name of Agent and use if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FAYES, JR, THOMAS F 16 S.W. FIRST AVENUE MIAMI FL 33130	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD MARY LUMANNICK 11770 S. W. 29th Street Miami, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD RICHARD F. KALBACK 1943 S. E. 143rd Court Morrison, FL 32668	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D MARJORIE A. LAMB 3640 S. W. 82nd Avenue Miami, FL 33155-3429	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<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 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 *Mary Lumannick* DATE **08/09/99** 305-666-1773
Print Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (5/99)