


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

FILED
Feb 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 # **288243** (9)
1. Corporation Name
PAFOS CORPORATION

Principal Place of Business 800 NE 182 TERRACE NORTH MIAMI BEACH FL 33162	Mailing Address 800 NE 182 TERRACE NORTH MIAMI BEACH FL 33162
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2541 SW 102 DRIVE Suite, Apt. #, etc. 22 City & State 23 DAVIE FL Zip 24 33324 Country 25 USA		2a. Mailing Address 26 2541 SW 102 DRIVE Suite, Apt. #, etc. 27 City & State 28 DAVIE FL Zip 29 33324 Country 30 USA		3. Date Incorporated or Qualified 12/23/1964	
		4. FEI Number 59-1095524		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 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 COHEN, DAVID 800 NE 182 TERR N MIAMI BEACH FL 33162		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE 2541 SW 102 DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, DAVID		1.2 NAME DAVIE FL 33324	
STREET ADDRESS 800 NE 182 TERR		2.1 TITLE 2541 SW 102 DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP N MIAMI BEACH FL		2.2 NAME DAVIE FL 33324	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE 2541 SW 102 DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, SYLVIA		3.2 NAME DAVIE FL 33324	
STREET ADDRESS 800 NE 182 TERR		4.1 TITLE 2541 SW 102 DRIVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP N MIAMI BEACH FL		4.2 NAME DAVIE FL 33324	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, SYLVIA		5.2 NAME	
STREET ADDRESS 800 NE 182 TERR		5.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BEACH FL		5.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COHEN, SUSAN		6.2 NAME	
STREET ADDRESS 800 NE 182 TERR		6.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI BEACH FL		6.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE		
NAME			
STREET ADDRESS			
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 _____ DATE **2/19/98**

CR2E034 (10/97)