

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

FILED
Apr 23 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 # 329460 (0)
1. Corporation Name
3034 OAK AVE. INC.



Principal Place of Business C/O PACIFIC R. E. MGT CORP. #403 2490 CORAL WAY MIAMI FL 33145 US	Mailing Address C/O PACIFIC R. E. MGMT #403 2490 CORAL WAY MIAMI FL 33145 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 Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/30/1968	
				4. FEI Number 13-2617358	
				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,MATTHEWS & MORENO, PA 25 S.E. SECOND AVENUE, SUITE #900 MIAMI FL 33131				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	

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	SCHULTHEIS, THEODORE	1.2 NAME	SCHULTHEIS, THEODORE
STREET ADDRESS	422 EAST 58 STREET	1.3 STREET ADDRESS	2490 CORAL WAY # 403
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	MIAMI, FL.
TITLE	VPD	2.1 TITLE	VPD
NAME	ISAIAS, ROBERTO	2.2 NAME	ISAIAS, ROBERTO
STREET ADDRESS	422 EAST 58 STREET	2.3 STREET ADDRESS	2800 PONCE DE LEON BLVD.
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	CORAL GABLES, FL.
TITLE	SD	3.1 TITLE	
NAME	ISAIAS, JUAN CARLOS	3.2 NAME	
STREET ADDRESS	422 EAST 58 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TD
NAME	ISAIAS, ESTEFANO	4.2 NAME	ISAIAS, ESTEFANO
STREET ADDRESS	422 EAST 58 STREET	4.3 STREET ADDRESS	2800 PONCE DE LEON BLVD.
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	CORAL GABLES, FL.
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	ISAIAS, WILLIAM
STREET ADDRESS		5.3 STREET ADDRESS	2800 PONCE DE LEON BLVD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL GABLES, FL.
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Theodore Schulteis 4/14/98 305-858-8811

CR2E034 (10/97)