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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23 1998 8:00am
Secretary of State

DOCUMENT # 331343   (4)

1. Corporation Name

CLARIDGE HOUSE, INC.

Principal Place of Business	Mailing Address
C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US	C/O PACIFIC R E MGMT CORP #403 2490 CORAL WAY MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/17/1968

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	**13-2617356**	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State	City & State		
23	28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country	Zip / Country		
24 / 25	29 / 30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ 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

CR2E034 (10/97)

12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP ☐ DELETE	1.1 TITLE	*VP* ☑ Change ☐ Addition
NAME	SCHULTHEIS, THEODORE	1.2 NAME	*SCHULTHEIS, THEODORE*
STREET ADDRESS	422 EAST 58TH STREET	1.3 STREET ADDRESS	*2490 CORAL WAY # 403*
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	*MIAMI, FL.*
TITLE	VPTD ☐ DELETE	2.1 TITLE	*VPTD* ☑ Change ☐ Addition
NAME	ISAIAS, ESTEFANO	2.2 NAME	*ISAIAS, ESTEFANO*
STREET ADDRESS	422 EAST 58TH 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	PSD ☐ DELETE	3.1 TITLE	*PSD* ☑ Change ☐ Addition
NAME	ISAIAS, ROBERTO	3.2 NAME	*ISAIAS, ROBERTO*
STREET ADDRESS	422 EAST 58TH STREET	3.3 STREET ADDRESS	*2800 PONCE DE LEON BLVD.*
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	*CORAL GABLES, FL.*
TITLE	VPD ☐ DELETE	4.1 TITLE	*VPD* ☑ Change ☐ Addition
NAME	ISAIAS, WILLIAM	4.2 NAME	*ISAIAS, WILLIAM*
STREET ADDRESS	422 EAST 58TH 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	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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 Schultheis* THEODORE SCHULTHEIS   4/18/98   305-855-5811