

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

DOCUMENT # 350625 (0)  
1. Corporation Name  
THE STRATFORD HOUSE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O PACIFIC R. E. MGT CORP. #406 2490 CORAL WAY MIAMI FL 33145 US		Mailing Address C/O PACIFIC R. E. MGMT. CORP. 14003 2490 CORAL WAY MIAMI FL 33145 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Date Incorporated or Qualified 08/12/1969		4. FEI Number 59-1273064	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent MURAJ,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	
85 Zip Code		FL	

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	VP	1.1 TITLE	VP
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	VPTD	2.1 TITLE	VPTD
NAME	ISAIAS, ESTENFANO	2.2 NAME	ISAIAS, ESTEFANO
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	PSD	3.1 TITLE	PSD
NAME	ISAIAS, ROBERTO	3.2 NAME	ISAIAS, ROBERTO
STREET ADDRESS	422 EAST 58 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	4.1 TITLE	VPD
NAME	ISAIAS, WILLIAM	4.2 NAME	ISAIAS, WILLIAM
STREET ADDRESS	422 EAST 58TH STREET	4.3 STREET ADDRESS	2800 Ponce de Leon
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	CORAL GABLES, FL
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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.

CR2E034 (10/97)