

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

PROFIT CORPORATION ANNUAL REPORT AMENDED 1998

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



FILED

98 OCT 29 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 443565  
1. Corporation Name

BOCA-ALTA DEVELOPMENT CORP.

Principal Place of Business Mailing Address  
c/o Victor Kimura  
1500 San Remo Avenue  
Suite 247A  
Coral Gables, Florida 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1654539	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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

JORGE L. GONZALEZ  
2081 Ponce de Leon Boulevard  
Suite 220  
Coral Gables, Florida 33134

10. Name and Address of New Registered Agent

81 Name CORPORATION COMPANY OF MIAMI  
82 Street Address (P.O. Box Number is Not Acceptable) 1500 Miami Center  
83 201 South Biscayne Boulevard  
84 City Miami FL 85 Zip Code 33131

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 By: *[Signature]* DATE 10/27/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres. Secty. Treas.	1.1 TITLE	200002678658-4
NAME	Victor Kimura	1.2 NAME	-11/03/98--01024--003
STREET ADDRESS	1500 San Remo Avenue, Suite 247A	1.3 STREET ADDRESS	*****61.25 *****61.25
CITY-ST-ZIP	Coral Gables, Florida 33146	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/98

Date

Daytime Phone #

CR2E034 (10/97)