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

FILED PROFIT May 06 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS **1998** DOCUMENT # FLEMING ISLAND LAND CORP. Principal Place of Business Mailing Address TOTAL WEST PLAGLER ST 650 NW 43 AVE MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1975 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 650 NW 65-0060170 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing FL MIAMI Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALVAREZ & FERNANDEZ **650 NW 43 AVE** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33126** 83 84 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, a 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. Lam familiar and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE agest and title if applicable (NOTE Registered Agent signature req TO OFFICERS AND DIBECTORS IN 12 DEFICERS AND DIRECTORS ADDITIONS/CHANGES 12. 13. Change DELETE TITLE 1 1 TITLE TRUJILLO, MARIA DEL CARME 12 NAME 8339 NW 12 STREET NAME ASTARTE 47, URB APOLLO STREET ADDRESS 1.3 STREET ADDRESS GUAYNABO PR CITY-ST-ZIP 1.4 CITY-S1-ZIP DELETE Change Addition 21 TITLE TITLE PEREZ. ANDRES MATISTA#12 2 2 NAME NAME 4700 S.W. 87TH AVENUE 23 STREET ADDRESS STREET ADDRESS MIAMI FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE Lissette TRUJILLO trujiko, leandro opieștes NAME 3.2 NAME 8339 NW 12 STREET MINNI FL 3311 ASTAPATE 47,UPB.AROLLO STREET ADDRESS 3.3 STREET ADDRESS GUÁYNÁBO PR 3.4. CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 64148, W. 114 PLACE NAME PEREZ. MIRIAM MARIN 4.2 NAME 4700 S.W. 87TH AVE. 4.3 STREET ADDRESS STREET ADDRESS MIAMI FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 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 on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

ment with an address.

officer or director of the corporation of Block 12 or Block 13 if changed, of or