

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

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 516423 (1)**  
 1. Corporation Name  
**SANDHILLS CORPORATION**



Principal Place of Business <b>155 OCEAN LANE DRIVE                  APARTMENT 1001-W                  KEY BISCAYNE FL 33149</b>	Mailing Address <b>155 OCEAN LANE DRIVE                  APARTMENT 1001-W                  KEY BISCAYNE FL 33149</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/14/1976</b>	
21. Suite, Apt #, etc.	22. City & State	26. Suite, Apt #, etc.	27. City & State	4. FEI Number <b>59-1694147</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>GUSTAVO LOPEZ-MUNOZ                  155 OCEAN LANE DR. #1001-W                  KEY BISCAYNE FL 33149</b>				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				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				DATE	
Signature, typed or printed name of registered agent and fee if applicable				(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME
	<b>PD</b>	<b>LOPEZ-MUNOZ, GUSTAVO</b>	<b>155 OCEAN LANE DRIVE KEY BISCAYNE FL</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>SD + VP</b>	<b>LOPEZ-MUNOZ, MARIA ROSA</b>	<b>155 OCEAN LN DR KEY BISCAYNE, FL 00000</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>D</b>	<b>RUIZ, EMILIO GOMEZ</b>	<b>D-28 PAR-DE SAN IGNARIO RIO PIEDRAS PR</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>T + D</b>	<b>DE GONGORA, ROBERTO</b>	<b>9034 S.W. 6TH ST. MIAMI FL</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>ID</b>	<b>MARTINEZ, MARIA E.</b>	<b>13341 S.W. 2ND TERR. MIAMI FL</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	<b>Director</b>	<b>SANTIAGO J. ALVAREZ</b>	<b>3775 Palm Court COCONUT GROVE, FL 33133</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 an attachment with an address.

**SIGNATURE:** *[Signature]* **3/2/98**

CR2E034 (10/97)