


**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90143 030 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 581317</b> 1. Corporation Name <b>EDOL CORPORATION</b>			
Principal Place of Business 8800 S.W. 8TH ST. LOT B-201 MIAMI FL 33174		Mailing Address 8800 S.W. 8TH ST. LOT B-201 MIAMI FL 33174	
2. Principal Place of Business 21 <b>Edol Corp.</b>		2a. Mailing Address 28 <b>Edol Corp.</b>	
Suite, Apt. #, etc. 22 <b>P.O. Box 558074</b>		Suite, Apt. #, etc. 27 <b>P.O. Box 558074</b>	
City & State 23 <b>Miami FL</b>		City & State 28 <b>Miami FL</b>	
Zip 24 <b>33255</b>		Zip 29 <b>33255</b>	
Country 25 <b>8074</b>		Country 30 <b>8074</b>	
9. Name and Address of Current Registered Agent <b>PENABAD, NOVEL E</b> <b>8800 SW 8TH ST</b> <b>MIAMI FL 33174</b> <b>Betsy Ross Hotel</b> <b>1440 Ocean Drive</b> <b>Miami Beach, FL</b> <b>33139</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>1440 Ocean Drive</b> 84 City <b>Miami Beach</b> <b>FL</b> 85 Zip Code <b>33139</b>	
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 <b>Novel Penabad</b> DATE _____ <small>Signature, typed, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS TITLE <b>PT</b> <input type="checkbox"/> DELETE NAME <b>PENABAD, NOVEL</b> STREET ADDRESS <b>8800 SW 8TH ST</b> CITY-ST-ZIP <b>MIAMI FL 33174</b> TITLE <b>ASD</b> <input type="checkbox"/> DELETE NAME <b>PENABAD, ALICIA</b> STREET ADDRESS <b>8800 SW 8TH ST</b> CITY-ST-ZIP <b>MIAMI FL 33174</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>Edol Corp.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>P.O. Box 558074</b> 1.3 STREET ADDRESS <b>Miami, FL 33255-8074</b> 1.4 CITY-ST-ZIP 2.1 TITLE <b>Edol Corp.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <b>P.O. Box 558074</b> 2.3 STREET ADDRESS <b>Miami, FL 33255-8074</b> 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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, with all other like empowered.

SIGNATURE: **Novel Penabad**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-99

CR2E034 (11/98)