

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

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 599234 (2)
 1. Corporation Name
SUJOTA, INC.



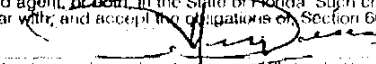
Principal Place of Business 8300 SW 8TH ST. SUITE 303 MIAMI FL 33144 US	Mailing Address 8300 SW 8TH ST #303 MIAMI FL 33144 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/08/1979	4. FEI Number 59-1892602	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
23 Zip	28 Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country			

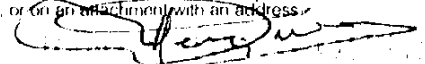
9. Name and Address of Current Registered Agent FERNANDEZ-CAUBI, LUIS 9150 FONTAINEBLEU BLVD., STE 509 MIAMI FL 33172		10. Name and Address of New Registered Agent		
		81 Name	MELENDEZ-INSUA, ARISTIDES U.	
		82 Street Address (P.O. Box Number is Not Acceptable)	8300 S.W. 8th Street #303	
		83		
		84 City	MIAMI	85 Zip Code FL 33144

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: **2/4/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	D/P/S
NAME	MELENDEZ-INSUA, ARISTIDES	1.2 NAME	
STREET ADDRESS	8300 SW 8TH ST #303	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ORTEGA-TAIN, JOSE	2.2 NAME	
STREET ADDRESS	AVENIDA ANDRES BELLO	2.3 STREET ADDRESS	
CITY-ST-ZIP	CARACAS, VENEZUELA 00000	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	FERNANDEZ-CAUBI, LUIS	3.2 NAME	
STREET ADDRESS	9150 FONTAINEBLEU BLVD., STE 509	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	D/V/T
NAME	MELENDEZ-INSUA, JUANA	4.2 NAME	
STREET ADDRESS	8300 SW 8 STR #303	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Assistant Secretary
NAME		5.2 NAME	VALDES-FAULI, RAUL E.
STREET ADDRESS		5.3 STREET ADDRESS	2 S. Biscayne Blvd Suite 3400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami FL 33131
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:  DATE: **Feb 4, 1998 (305) 262-2351**

CR2E034 (10/97)