

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

FILED
Jan 20 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 # 626709 (0)

1. Corporation Name
LUDLUM CORPORATION



Principal Place of Business 999 PONCE DE LEON BLVD. SUITE 705 CORAL GABLES FL 33134 US	Mailing Address 999 PONCE DE LEON BLVD STE 705 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 231 ALTARA AVE. Suite, Apt #, etc 22	2a. Mailing Address 26 231 ALTARA AVE. Suite, Apt #, etc. 27	3. Date Incorporated or Qualified 06/19/1979	4. FEI Number 59-1918635	Applied For Not Applicable
City & State 23 CORAL GABLES, FL	City & State 28 CORAL GABLES, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	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
Zip 24 33146 Country 25 U.S.A.	Zip 29 33146 Country 30 USA			

9. Name and Address of Current Registered Agent

**FERNANDEZ, HERMINIA CPA
 999 PONCE DE LEON BLVD
 SUITE 705
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	231 ALTARA AVE
83	
84 City	CORAL GABLES
85 State	FL
86 Zip Code	33146

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, WILLIAM	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL 3	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, DEBORAH	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL 3	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, MICHAEL	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, JUDITH	
STREET ADDRESS	4747 COLLINS AVE., #1008	
CITY-ST-ZIP	MIAMI BCH. FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE: *[Signature]* **WILLIAM SHULEVITZ, PRES.** **1/8/98** **305-448-1648**

CR2E034 (10/97)