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Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 672157 (5) 1. Corporation Name CARIBE REALTY OF CENTRAL FLORIDA, INC.		

Principal Place of Business 5301 E COLONIAL DR ORLANDO FL 32807	Mailing Address 5301 E COLONIAL DR ORLANDO FL 32807
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2. Principal Place of Business 21 3245 LK. Twylo Rd. Suite, Apt. #, etc. 22 City & State 23 Orlando, Florida Zip 24 32817 Country 25	2a. Mailing Address 26 3245 LK Twylo Rd Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32817 Country 30
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9. Name and Address of Current Registered Agent MEJIAS, VICTOR 5301 E COLONIAL DR ORLANDO FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDV	1.1 TITLE	
NAME	MEJIAS, VICTOR M	1.2 NAME	
STREET ADDRESS	5301 E COLONIAL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	TS	2.1 TITLE	
NAME	MEJIAS, VICTOR M	2.2 NAME	
STREET ADDRESS	5301 E COLONIAL DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: *Victor M Mejias* Victor M. MEJIAS 3/5/98 407-657-4700

CR2E034 (10/97)