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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766689 (4)

1. Corporation Name
MUNICIPIO DE ZULUETA, LAS VILLAS INC.

Principal Place of Business 16902 NW 69 AVE MIAMI FL 33015	Mailing Address 16902 NW 69 AVE MIAMI FL 33015
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2. Principal Place of Business 21 # 18 SW 136 P1 Suite, Apt. #, etc. 22 City & State 23 Miami, Fl. Zip 24 33184	2a. Mailing Address 26 # 18 SW 136 P1 Suite, Apt. #, etc. 27 City & State 28 Miami, Fl. Zip 29 33184 Country 25 USA
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9. Name and Address of Current Registered Agent CAMPA, JUAN V. 16902 NW 69 AVE MIAMI FL 33015	10. Name and Address of New Registered Agent 81 Name Edel Abreu 82 Street Address (P.O. Box Number is Not Acceptable) # 18 SW 136 P1 83 84 City Miami FL 85 Zip Code 33184
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **6-11-98**

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUAREZ, PERFECTO 745 NW 29 AVE MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPA, JUANA V 16902 NW 69 AVE MIAMI FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUEDES, ACELA 536 SW 12 AVE #2E MIAMI FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Edel Abreu # 18 SW 136 P1 Miami, FL 33184 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TD Rene Albuerne 9411 SW 4th St. # 310 Miami, FL 33174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **6-11-98** (305) 800 0244

CR2E037 (10/97)