


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

FILED
May 15 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 # F10316 (0)
1. Corporation Name
AMBASSADOR SQUARE, INC.



Principal Place of Business 825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI FL 33131 US	Mailing Address 825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 11/06/1980	
25		30		4. FEI Number 59-2045025	
21		26		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent MENDELSON, LAURANS A 825 SO BAYSHORE DRIVE, SUITE 1643 MIAMI FL 33131				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	PD	NAME	MENDELSON, LAURANS A	1.1 TITLE		1.2 NAME	
STREET ADDRESS	825 SO BAYSHORE DR #1643			1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI, FL 00000			2.1 TITLE		2.2 NAME	
TITLE	S	NAME	MENDELSON, ARLENE	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS	825 SO BAYSHORE DR #1643			3.1 TITLE		3.2 NAME	
CITY - ST - ZIP	MIAMI, FL 00000			3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	AS	NAME	VETTER, JUDITH	4.1 TITLE		4.2 NAME	
STREET ADDRESS	825 S BAYSHORE DR			4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP	MIAMI FL			5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS				6.1 TITLE		6.2 NAME	
CITY - ST - ZIP				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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laurans A. Mendelson

4-16-98 305-374-1744

Date Daytime Phone # 0179455

CR2E034 (10/97)