

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

FILED

May 06 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 # F49554 (1)
 1. Corporation Name
ETHYLENE EATERS, INC.



Principal Place of Business 12700 BISCAYNE BLVD. SUITE 401 NORTH MIAMI FL 33181 US	Mailing Address 12700 BISCAYNE BLVD. SUITE 401 NORTH MIAMI FL 33181 US
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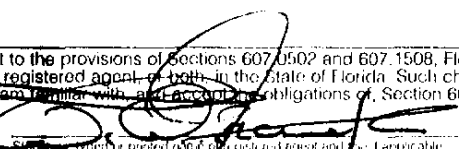
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 18919 NE 5 AVENUE Suite, Apt. #, etc. 22 City & State 23 Miami FL Zip Country 24 33179 25 USA	2a. Mailing Address 26 18919 NE 5 AVENUE Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip Country 29 33179 30 USA
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3. Date Incorporated or Qualified 10/01/1981	4. FEI Number 59-2131713	Applied For <input type="checkbox"/> Not Applicable
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	

9. Name and Address of Current Registered Agent GRANATA, LINDA M. P 12700 BISCAYNE BLVD SUITE 104 NORTH MIAMI FL 33181	10. Name and Address of New Registered Agent B1 Name LINDA M. GRANATA, ESQ B2 Street Address (P.O. Box Numbers Not Acceptable) 18919 NE 5 AVENUE B3 B4 City Miami FL B5 Zip Code 33179
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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  **LINDA M. GRANATA** **4/27/98**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANATA, LINDA, M 12700 BISCAYNE BLVD 401 NORTH MIAMI FL
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD GRANATA, LINDA, M. 18919 NE 5 AVENUE MIAMI, FL 33179
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 or on an attachment with an address.

SIGNATURE:  **4/27/98** (205) 655-0704

CR2E034 (10/97)