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

STREET ADDRESS

CITY-ST-ZIP

FILED Mar 17 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # F61127 WEINTRAUB & ROSEN, P. A. Principal Place of Business Mailing Address 3225 AVIATION AVE. #601 3225 AVIATION AVE.,#601 MIAMI FL 33133 MIAMI FL 33133 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1981 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 21 26 59-2153487 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 25 29 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROSEN, MICHAEL A. 3225 AVIATION AVE., #601 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33133** 83 84 City 85 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE WEINTRAUB, LEE I. 1.2 NAME 3225 AVIATION AVE.,#601 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 City-ST-ZIP DELETE Change Addition TITLE 21 TITLE ROSEN, MICHAEL A. NAME 2.2 NAME 3225 AVIATION AVE.,#601 STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY- ST - ZIP CITY-ST-7IP Change TITLE DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP 14. I hereby certify that the information supplied with this firing 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 received in 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 only an attact print with an address.