

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

FILED
May 04 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 # **G11315** (0)
1. Corporation Name
TIOGA CORPORATION

Principal Place of Business 6355 N.W. 36TH STREET, 5TH FLOOR VIRGINIA GARDENS FL 33166	Mailing Address 6355 N.W. 36TH STREET, 5TH FLOOR VIRGINIA GARDENS FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6355 N.W. 36th ST. Suite, Apt. #, etc. 22 SUITE # 506 City & State 23 VIRGINIA GARDENS, FL. Zip 24 33166		2a. Mailing Address 26 6355 N.W. 36th ST. Suite, Apt. #, etc. 27 SUITE # 506 City & State 28 VIRGINIA GARDENS, FL. Zip 29 33166 Country 30 U.S.A.		3. Date Incorporated or Qualified 12/02/1982	
		4. FEI Number 59-2444291		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SPENCER, THOMAS R., JR.
801 BRICKELL AVENUE SUITE 1901
MIAMI FL 33131**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature: Typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OBREGON, CARLOS E.	1.2 NAME	DE ARMAS, ARMANDO
STREET ADDRESS	7455 S.W. 129 CT	1.3 STREET ADDRESS	6355 N.W. 36th ST. SUITE # 506
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	VIRGINIA GARDENS, FL. 33166
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, FELIPE J.	2.2 NAME	GONZALEZ, FELIPE J.
STREET ADDRESS	830 N.W. 109 AVE	2.3 STREET ADDRESS	2438 S.W. 99th PLACE
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33165
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGLESIAS, CARLOS A.	3.2 NAME	OBREGON, CARLOS E.
STREET ADDRESS	200 ALBATROSS	3.3 STREET ADDRESS	7455 S.W. 129 CT.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33183
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

CARLOS E. OBREGON 4-1-98

(305) 871 1157

CR2E034 (10/97)