

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

FILED
Feb 27, 1998 8:00 am
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 # H75938 (1)

1. Corporation Name
SARPIO CORPORATION

Principal Place of Business
15023 SW 110 TERRACE
MIAMI FL 33196

Mailing Address
C/O 10075 N.W. 51 TERRACE
MIAMI FL 33178

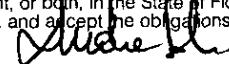


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4764 NW 99 PLACE Suite, Apt. #, etc. 22 City & State 23 MIAMI FLORIDA Zip 24 33178 Country 25 USA		2a. Mailing Address 26 4764 NW 99 PL. Suite, Apt. #, etc. 27 City & State 28 MIAMI FLORIDA Zip 29 33178 Country 30 USA		3. Date Incorporated or Qualified 09/13/1985	4. FEI Number 59-2620069 Applied For 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent SALANI, ANDREA C/O 10075 N.W. 51 TERRACE MIAMI FL 33178				10. Name and Address of New Registered Agent 81 Name SALANI, ANDREA 82 Street Address (P.O. Box Number is Not Acceptable) 4764 NW 99 PLACE 83 84 City MIAMI FL 85 Zip Code 33178			
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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  2/24/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALANI, ANDREA			1.2 NAME	SALANI ANDREA		
STREET ADDRESS	10075 NW 51 TERR.			1.3 STREET ADDRESS	4764 NW 99 PLACE		
CITY-ST-ZIP	MIAMI FL 33178			1.4 CITY-ST-ZIP	MIAMI FLORIDA 33178		
TITLE	VS	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALANI, STEFANO			2.2 NAME	SALANI STEFANO		
STREET ADDRESS	10075 NW 51 TERRACE			2.3 STREET ADDRESS	4918 SW 148 PLACE		
CITY-ST-ZIP	MIAMI FL 33178			2.4 CITY-ST-ZIP	MIAMI FLORIDA 33185		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
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:  2/24/98 305-592 9754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0548251