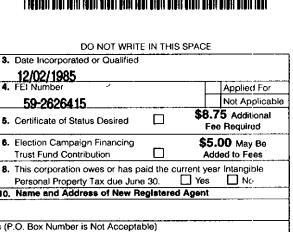
FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H87457 (8)ADVANCE BUSINESS PLANNERS, INC. Principal Place of Business Mailing Address 7870 SW 133 AVE 7870 SW 133 AVE MIAMI FL 33183 MIAMI FL 33183 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/02/1985 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2626415 Suite, Apt. #, etc. Suile, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution Zip Country Country Zip Personal Property Tax due June 30. Yes 30 29 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 7870 SW 133 AVE Street Address (P.O. Box Number is Not Acceptable) 83 **MIAMI FL 33183** RA 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 Signature, typed or printed name of registrired agent and life if applicable (NOTI: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 THILE GARCIA, BENNY 1.2 NAME NAME 7870 SW 133 AVE 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY - ST- ZIP DELETE TITLE 2.1 TITLE

Mar 25 1998 8:00am Secretary of State



ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition Change Change Addition NAME GARCIA, ADELA M 2.2 NAME 7870 SW 133 AVE STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change ■ Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption etated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplied entitle annual report is true and accurate and that my argundure shall have the same legal effect as if made under oath; that I am an officer or director of the corporation grafts receiver a trustee empowered to execute this legal that as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation at the rockive Block 12 or Block 13 if changed, or on an atlache

SIGNATURE S.