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

FILED PROFIT Apr 23 1998 8:00am CLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # LAGUNITA HOLDINGS, INC. Principal Place of Business Mailing Address 915 MIDDLE RIVER DR 915 MIDDLE RIVER DR 506 506 DO NOT WRITE IN THIS SPACE FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304 3. Date Incorporated or Qualified 09/17/1987 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2853469 Not Applicable 21 Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name MORAITIS, GEORGE R. 915 MIDDLE RIVER DRIVE, SUITE 506 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33304 83 11. Pursuant to the provisions of Sections 607.0002 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 Forida 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 agest and life if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. PDTS DELETE Change Addition TITLE 1 1 THUE RINCON, HOLLY S. NAME 1.2 NAME 2101 NW 82ND AVE. 1.3 STREET ADDRESS STREET ADORESS MIAMI FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 THLE NAME 22 NAME 23 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2 4 CHY-S1-7IP DELETE Change Addition 3 1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY-S1-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP 14. Thereby 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 suppliemental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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Block 12 or Block 13 if changed, of on an attachment with an address.