

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

FILED  
Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K32276 (3)**  
 1. Corporation Name  
**TRIDOMUS CORPORATION**



Principal Place of Business <del>REGISTERED AGENT OF OFFICE INC.</del> <del>601 BRICKELL KEY DR. # 501</del> <del>MIAMI FL 33131</del> <b>1223 S.W. 4th St. 2nd FL</b> <b>Miami FL 33135</b>		Mailing Address <del>REGISTERED AGENT OF OFFICE INC.</del> <del>601 BRICKELL KEY DR. # 501</del> <del>MIAMI FL 33131-2630</del> <b>1223 S.W. 4th St., 2nd FL</b> <b>Miami FL 33135</b>		3. Date Incorporated or Qualified <b>09/02/1988</b>	3a. Date of Last Report <b>04/23/1996</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>98-0053370</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <del>REGISTERED AGENT OF OFFICE INC.</del> <del>601 BRICKELL KEY DR. # 501</del> <del>MIAMI FL 33131</del> <b>Agustin de Goytisolo, P.A., Esq.</b> <b>1223 S.W. 4th Street, 2nd Floor</b> <b>Miami FL 33135</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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: *[Signature]* DATE: **02/06/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DPS</b>	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DE GOYTISOLO, AGUSTIN</b>		1.2 NAME	
STREET ADDRESS <del>601 BRICKELL KEY DR. # 501</del> <b>1223 S.W. 4th St.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <del>MIAMI FL 33131</del> <b>MIAMI FL 33135</b>		1.4 CITY-ST-ZIP	
TITLE <b>VT</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>AGUILERA, MARIA DE LA</b>		2.2 NAME	
STREET ADDRESS <b>201 SEVILLA AVE, SUITE 213</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP	
TITLE <del>AG</del>	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>GUTIERREZ, RENALDY, J</b>		3.2 NAME	
STREET ADDRESS <del>601 BRICKELL KEY DR. # 501</del> <b>MIAMI FL 33131</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33131</b>		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		4.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		5.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <input type="checkbox"/> DELETE		6.2 NAME	
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
CITY-ST-ZIP <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

14. I do 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: *[Signature]* DATE: **4/8/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)