


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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K34578 (0)					
1. Corporation Name MODIT CORP.					
Principal Place of Business 3162 CORNADORE PLAZA 2E COCONUT GROVE FL 33133 US			Mailing Address 2050 CORAL WAY #601 COCONUT GROVE FL 33233-0788 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3162 Cornadore Plaza		26 P.O. Box 330788		09/27/1988	
22 Suite, Apt. #, etc. 2E		27 Suite, Apt. #, etc.		4. FEI Number 65-0079463	
23 City & State Coconut Grove, Fl.		28 City & State Coconut Grove, Fl.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 33133		29 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country US		30 Zip 33233		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	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MARTINEZ, ANNABELLA 3162 CORNADORE PLAZA UNIT 2E COCONUT GROVE FL 33233				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Unit 2E 84 City Coconut Grove FL 85 Zip Code 33133	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	NAME	MARTINEZ, ANNABELLA	<input type="checkbox"/> DELETE	
STREET ADDRESS			2050 CORAL WAY #601		
CITY-ST-ZIP			MIAMI FL 33145		
TITLE	V	NAME	MARTINELLI, MARIA	<input type="checkbox"/> DELETE	
STREET ADDRESS			2050 CORAL WAY #601		
CITY-ST-ZIP			MIAMI FL 33145		
TITLE	SC	NAME	MARTINEZ, ANNABELLA	<input type="checkbox"/> DELETE	
STREET ADDRESS			2050 CORAL WAY #601		
CITY-ST-ZIP			MIAMI FL 33145		
TITLE		NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	2050 Dept	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	Edmundo Gugliotta				
1.3 STREET ADDRESS	3162 Cornadore Plaza #2E				
1.4 CITY-ST-ZIP	Coconut Grove, Fl. 33133				
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	Annabella Martinez				
2.3 STREET ADDRESS	3162 Cornadore Plaza #2E				
2.4 CITY-ST-ZIP	Coconut Grove, Fl. 33133				
3.1 TITLE	SC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	Maria Martinelli				
3.3 STREET ADDRESS	3162 Cornadore Plaza #2E				
3.4 CITY-ST-ZIP	Coconut Grove, Fl. 33133				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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)(f), 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:  1/26/98 35-441-0414

CR2E034 (10/97)