

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

FILED

Apr 06 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 # K46029 (0)
1. Corporation Name
FIRST SOUTHEAST CAPITAL CORPORATION, INC.



Principal Place of Business Mailing Address
% LOUIS A. PETRILLO % LOUIS A. PETRILLO
7900 S.W. 143RD ST 7900 S.W. 143RD ST
MIAMI FL 33158 MIAMI FL 33158

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		4. FEI Number	
11/08/1988		65-0177432	
5. Certificate of Status Desired		Applied For	
<input type="checkbox"/>		<input type="checkbox"/>	
\$8.75 Additional Fee Required		Not Applicable	
6. Election Campaign Financing		Trust Fund Contribution	
<input type="checkbox"/>		<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"/>		<input type="checkbox"/>	
Yes		No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PETRILLO, LOUIS A. 7900 S.W. 143RD ST MIAMI FL 33158		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 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 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRILLO, LOUIS A.	1.2 NAME	
STREET ADDRESS	7900 S.W. 143RD ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	2.2 NAME	
STREET ADDRESS	LEVINE, ROBERT	2.3 STREET ADDRESS	
CITY - ST - ZIP	7540 S.W. 98TH PL	2.4 CITY - ST - ZIP	
MIAMI FL			
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	500002480835
STREET ADDRESS		5.3 STREET ADDRESS	-04/07/98--01039--005
CITY - ST - ZIP		5.4 CITY - ST - ZIP	***450.00
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/98

305-255-4892

CR2E034 (10/97)