


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

FILED

Apr 13 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 # K76350 (3) 1. Corporation Name ATHLONE OF FLORIDA INC.					
Principal Place of Business 7875 NW 12TH ST. 104 MIAMI FL 33126 US			Mailing Address P.O. BOX 145388 CORAL GABLES FL 33114 US		
2. Principal Place of Business 21 25 SE 2nd. Ave Suite, Apt. #, etc. 22 Suite 504 City & State 23 Miami, FL Zip 24 33131		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 US		3. Date Incorporated or Qualified 03/29/1989 4. FEI Number 65-0179308 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <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"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent VALLE, ALBERTO 7875 N.W. 12TH ST. SUITE 104 MIAMI FL 33126			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 25 SE 2nd. Ave. 83 Suite 504 84 City Miami, FL 85 Zip Code 33131		
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. V LABARTINO, VINCENZO <input type="checkbox"/> DELETE 7875 N.W. 12TH ST., STE. 104 MIAMI FL 2. PD MARTINEZ SERODIO, BASILIO <input type="checkbox"/> DELETE 7875 N.W. 12TH ST., STE. 104 MIAMI FL 3. T CALDERON-FLORES, PURA <input checked="" type="checkbox"/> DELETE 7875 N.W. 12TH ST., STE. 104 MIAMI FL 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE 7. <input type="checkbox"/> DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 25 SE 2nd. Ave. Suite 504 Miami, FL 33131 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 25 SE 2nd. Ave. Suite 504 Miami, FL 33131 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ST ALBERTO VALLE 25 SE 2nd. Ave. Suite 504 Miami, FL, 33131 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		

SIGNATURE:

Alberto Valle

3/18/98 305-372-0089

CR2E034 (10/97)