


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 # K87040 (7) 1. Corporation Name FIRST HOLDING CORP. OF AMERICA, INC.		

Principal Place of Business POST OFFICE BOX 7468 FT. LAUDERDALE FL 33338	Mailing Address POST OFFICE BOX 7468 FT. LAUDERDALE FL 33338
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2. Principal Place of Business 21 P.O. Box 1679 Suite, Apt. #, etc. 22 City & State 23 MIAMI BEACH FL Zip 24 33119 Country 25 U.S.A.				2a. Mailing Address 26 P.O. Box 1679 Suite, Apt. #, etc. 27 City & State 28 MIAMI BEACH FL Zip 29 33119 Country 30 U.S.A.				3. Date Incorporated or Qualified 05/10/1989			
				4. FEI Number 65-0132006				Applied For Not Applicable			
				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 type="checkbox"/> No							
9. Name and Address of Current Registered Agent MEYERS, STEVEN P.A. 1 BISCAYNE TOWERS STE 3550 MIAMI FL 33131				81 Name				10. Name and Address of New Registered Agent			
				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	PTD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRABARNICK, PHILIP GENE	1.2 NAME	
STREET ADDRESS	8480 ALLISON IS.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLKO, RONALD S.	2.2 NAME	
STREET ADDRESS	5500 COLLINS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE		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		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		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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:  RONALD S. MOLKO - V.S.D. 4/13/98 (305) 534-5085

CR2E034 (10/97)