

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 # L29787 (3)
1. Corporation Name
PRESTA I, INC.



Principal Place of Business Mailing Address
1400 E. NEWPORT CENTER, SUITE 209 1400 E. NEWPORT CENTER, SUITE 209
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/13/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0175461	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<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

KAY, JAMES R P.A.
2000 PALM BEACH LAKES BLVD
SUITE 1002
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name JAMES R. KAY
82 Street Address (P.O. Box Number is Not Acceptable)
777 So. FLAGLER DR. EAST TOWER
83 Suite 900
84 City West Palm Beach FL 85 Zip Code 33401

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	PD	1.1 TITLE	
NAME	REIBLING, LORENZ	1.2 NAME	
STREET ADDRESS	1400 E NEWPORT CNTR DR., STE 209	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33442	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	
NAME	REIBLING, GUENTHER	2.2 NAME	
STREET ADDRESS	1400 E. NEWPORT CNTR DR., STE 20	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	V.P.
NAME		3.2 NAME	RODNEY A. RILEY
STREET ADDRESS		3.3 STREET ADDRESS	100 S. ORANGE AVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO FLORIDA 32801
TITLE		4.1 TITLE	V.P. / ASST. SECRETARY
NAME		4.2 NAME	LINDA G. KASSOP
STREET ADDRESS		4.3 STREET ADDRESS	1400 E NEWPORT CENTER DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

3/24/98 9:44:08 AM

CR2E034 (10/97)