


FILED
Mar 27 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 # L37420 (1)			
1. Corporation Name SUPER THREE, INC.			
Principal Place of Business 13897 SW 140 ST APT. 175E MIAMI FL 33186 US		Mailing Address 13897 SW 140 ST 1446 TRILLO AVENUE MIAMI FL 33186 US	
2. Principal Place of Business		2a. Mailing Address	
21 13897 S.W. 140 ST.		26 13897 S.W. 140 ST.	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 MIAMI, FL		28 MIAMI, FL	
24 33186-5522 25 USA		29 33186-5522 30 USA	
9. Name and Address of Current Registered Agent			
CLEMENTS, C.W., JR. 1446 TRILLO AVENUE CORAL GABLES FL 33146		81 Name C. 82 Street Address 13897 83 84 City MIAMI	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation or registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE <i>C.W. Clements, Jr.</i> C.W. CLEMENTS, JR.		(NOTE: Registered Agent signature required)	
12. OFFICERS AND DIRECTORS			
TITLE D <input type="checkbox"/> DELETE		13.	
NAME CLEMENTS, C.W., JR.		1.1 TITLE D	
STREET ADDRESS 1446 TRILLO AVENUE		1.2 NAME CL	
CITY-ST-ZIP CORAL GABLES FL		1.3 STREET ADDRESS 13897	
TITLE <input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP M	
NAME		2.1 TITLE	
STREET ADDRESS		2.2 NAME	
CITY-ST-ZIP		2.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
NAME		3.1 TITLE	
STREET ADDRESS		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
NAME		4.1 TITLE	
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address.			