

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

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L50168 (8)
 1. Corporation Name
DOUGLAS CENTRE, INC.



Principal Place of Business 2600 DOUGLAS RD PH 6 CORAL GABLES FL 33134 US	Mailing Address 2600 DOUGLAS RD PH5 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2600 DOUGLAS ROAD Suite, Apt. #, etc. 22 SUITE 505 City & State 23 CORAL GABLES, FL Zip 24 33134		2a. Mailing Address 25 2600 DOUGLAS ROAD Suite, Apt. #, etc. 26 SUITE 505 City & State 27 CORAL GABLES, FL Zip 28 33134		3. Date Incorporated or Qualified 02/15/1990		4. FEI Number 65-0176567		Applied For <input type="checkbox"/> Not Applicable
25		26		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
27		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent
**CORPORATION INFORMATION SERVICES INC
 1201 HAYS ST
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
**81 Name SOUTH FLORIDA RESIDENT AGENTS, INC.
 82 Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH BISCAYNE BLVD.
 83 SUITE 4750
 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: *Ronald A. Sharp* **Ronald A. Sharp, President** 2/17/98
 DATE: 2/17/98

12. OFFICERS AND DIRECTORS		
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, MARTHA	
STREET ADDRESS	2800 DOUGLAS ROAD, PH-5	
CITY-ST-ZIP	CORAL GABLES FL 33134-6127	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSALES, X. E.	
STREET ADDRESS	2800 DOUGLAS ROAD, PH-5	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	ROSALES, X. FRANCISCO	
STREET ADDRESS	2800 DOUGLAS ROAD, PH-5	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	LEVITT, STEVEN T.	
STREET ADDRESS	2800 DOUGLAS RD PH 5	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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: *X. Francisco Rosales* **X. FRANCISCO ROSALES** 2/13/98 (305)461-2142
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0187306

CR2E034 (10/97)