

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 Suite, Apt. #, etc. 27 City & State 28 Country 29 USA		3. Date Incorporated or Qualified 02/15/1990	
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 Suite, Apt. #, etc. 27 City & State 28 Country 29 USA		4. FEI Number 65-0176567 Applied For Not Applicable	
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 Suite, Apt. #, etc. 27 City & State 28 Country 29 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 Suite, Apt. #, etc. 27 City & State 28 Country 29 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 Suite, Apt. #, etc. 27 City & State 28 Country 29 USA		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	
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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, President 2/17/98
(NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, MARTHA	1.2 NAME	
STREET ADDRESS	2600 DOUGLAS ROAD, PH-5	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134-6127	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALES, X. E.	2.2 NAME	
STREET ADDRESS	2600 DOUGLAS ROAD, PH-5	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	PT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSALES, X. FRANCISCO	3.2 NAME	
STREET ADDRESS	2600 DOUGLAS ROAD, PH-5	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITT, STEVEN T.	4.2 NAME	
STREET ADDRESS	2600 DOUGLAS RD PH 5	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	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:  X. FRANCISCO ROSALES 2/13/98 (305) 461-2142
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0187396

CR2E034 (10/97)