

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

FILED
Apr 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
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DOCUMENT # L70395 (3)
1. Corporation Name
STANARA COMPANY CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8135 N.W. 93RD STREET MEDLEY FL 33166		Mailing Address 8135 N.W. 93RD STREET MEDLEY FL 33166	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	

3. Date Incorporated or Qualified 05/04/1990	
4. FEI Number 65-0185208	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 VIDAN, ORESTES 8135 N.W. 93RD STREET MEDLEY FL 33166		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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.

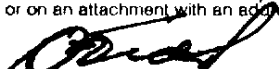
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
STREET ADDRESS	STREET ADDRESS	1.2 STREET ADDRESS	1.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	1.3 CITY-ST-ZIP	1.3 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE	2.1 NAME
STREET ADDRESS	STREET ADDRESS	2.2 STREET ADDRESS	2.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	2.3 CITY-ST-ZIP	2.3 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE	3.1 NAME
STREET ADDRESS	STREET ADDRESS	3.2 STREET ADDRESS	3.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	3.3 CITY-ST-ZIP	3.3 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE	4.1 NAME
STREET ADDRESS	STREET ADDRESS	4.2 STREET ADDRESS	4.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	4.3 CITY-ST-ZIP	4.3 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.1 NAME
STREET ADDRESS	STREET ADDRESS	5.2 STREET ADDRESS	5.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	5.3 CITY-ST-ZIP	5.3 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.1 NAME
STREET ADDRESS	STREET ADDRESS	6.2 STREET ADDRESS	6.2 STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	6.3 CITY-ST-ZIP	6.3 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:



04/16/98

04/16/98

CR2E034 (10/97)