

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

FILED

Apr 22 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 # L79608 (0)
1. Corporation Name
W. SABALA INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business: % WILMA SABALA, 122 SARTO AVE, CORAL GABLES FL 33134
Mailing Address: C/O WILMA SABALA, 407 LINCOLN RD #9K, MIAMI BEACH FL 33139, US

2. Principal Place of Business: 407 LINCOLN RD # 11N, MIAMI BEACH FL, 33139
2a. Mailing Address: 407 LINCOLN RD # 11N, MIAMI BEACH FL, 33139
21, 22, 23, 24, 25, 26, 27, 28, 29, 30

3. Date Incorporated or Qualified: 06/08/1990
4. FEI Number: 65-0204557
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [X] No []

9. Name and Address of Current Registered Agent: SABALA, WILMA, 407 LINCOLN RD #9K, MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent: 81 Name: WILMA SABALA, 82 Street Address: 407 LINCOLN Rd # 11N, 83, 84 City: MIAMI BEACH, FL, 85 Zip Code: 33139

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] PUS - WILMA SABALA 2/10/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	DELETE
NAME	SABALA, WILMA	
STREET ADDRESS	407 LINCOLN RD #9K # 11N	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVS	DELETE
NAME	KARAHALIOS, TRIFON	
STREET ADDRESS	1658 BAY RD 801	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Change	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: [Signature] WILMA SABALA 2-10-98

CR2E034 (10/97)