

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

FILED
Apr 16 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 # M18492 (2)

1. Corporation Name
LUDLAM POINT, INC.

Principal Place of Business % JOSE M. SURIOL 10560 NW 27TH ST. MIAMI FL 33172	Mailing Address % JOSE M. SURIOL 10560 NW 27TH ST. MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 6880 SW 44th Street	26 6880 SW 44th Street		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 Suite 100	27 Suite 100		
City & State		City & State	
23 Miami, Fl	28 Miami, Fl		
Zip	Country	Zip	Country
24 33155	25 USA	29 33155	30 USA

3. Date Incorporated or Qualified 07/25/1985	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 59-2598806	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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

SURIOL, JOSE M.
 10560 NW 27TH ST.
 MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name	Suriol, Jose M.
82 Street Address (P.O. Box Number is Not Acceptable)	6880 SW 44th Street
83	#100
84 City	Miami
85 Zip Code	FL 33155

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SURIOL, JOSE M.	
STREET ADDRESS	10560 NW 27TH ST. #100	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WITTMER, LYN	
STREET ADDRESS	10560 NW 27TH ST SUITE 101 #102	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARESM, LEONEL	
STREET ADDRESS	10560 NW 27TH ST STE 101	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Suriol, Jose M.	
1.3 STREET ADDRESS	6880 SW 44th Street, #100	
1.4 CITY-ST-ZIP	Miami, Fl 33155	
2.1 TITLE	S,VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wittmer, Lyn	
2.3 STREET ADDRESS	6880 SW 44th Street, #100	
2.4 CITY-ST-ZIP	Miami, Fl 33155	
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: _____

CP2E034 (10/97)