

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

FILED
Mar 09 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 # M42812 (1)
1. Corporation Name
TAFT OFFICE COMPLEX, INC.

Principal Place of Business 6365 TAFT ST. 1001 HOLLYWOOD FL 33024	Mailing Address 6365 TAFT ST. 1001 HOLLYWOOD FL 33024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2743759	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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 LEVINSON, EDWARD E. 407 LINCOLN ROAD PENTHOUSE EAST MIAMI BEACH FL 33139				10. Name and Address of New Registered Agent			
				81	Name Michael P. GABLE		
				82	Street Address (P.O. Box Number is Not Acceptable) 4000 HOLLYWOOD BLVD		
				83	Suite 735 SOUTH		
				84	City HOLLYWOOD	FL	85 Zip Code 33021

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 *Michael P. Gable* MICHAEL P. GABLE 1/31/98
Signature type: *Handwritten* 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	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, ALBERTO E.			1.2 NAME			
STREET ADDRESS	6365 TAFT ST. #1001			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, ALBERTO JR.			2.2 NAME			
STREET ADDRESS	6100 HOLLYWOOD BLVD #206			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, BLANCA R.			3.2 NAME			
STREET ADDRESS	6365 TAFT ST. #1001			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33024			3.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, NELSON			4.2 NAME			
STREET ADDRESS	6100 HOLLYWOOD BLVD #206			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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, on an attachment with an address.

SIGNATURE: *Alberto E. Fernandez* Alberto E. Fernandez 954-983-6399

CR2E034 (10/97)