

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

**FILED**  
**May 27 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** M43006  
 1. Corporation Name  
**CATALONIA PROPERTIES INC.**

Principal Place of Business <b>6262 Bird Road                  Suite 3I                  Miami, FL 33155</b>	Mailing Address <b>6262 Bird Road                  Suite 3I                  Miami, Florida 33155</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/10/1986**

2. Principal Place of Business <b>21 c/o 5200 Blue Lagoon Dr.</b>	2a. Mailing Address <b>26 c/o 5200 Blue Lagoon Dr.</b>
Suite, Apt. #, etc. <b>22 Suite 700</b>	Suite, Apt. #, etc. <b>27 Suite 700</b>
City & State <b>23 Miami, Florida</b>	City & State <b>28 Miami, Florida</b>
Zip <b>24 33126</b>	Country <b>25</b>
Zip <b>29 33126</b>	Country <b>30</b>

4. FEI Number  
**59-2784070**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$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  No

9. Name and Address of Current Registered Agent

**ORRIOLS, ALINA J.**  
**6262 Bird Road, Ste 3C**  
**Miami, FL 33155**

10. Name and Address of New Registered Agent

81 Name  
**MIAMI CORPORATE SYSTEMS, INC.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**5200 Blue Lagoon Drive**

83  
**Suite 700**

84 City  
**Miami** **FL** **86 33126**

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  **Ramon E. Rasco, President** DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST HERNANDEZ, YOLANDA M.</b> <b>6262 Bird Road, Suite 3C</b> <b>Miami, FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDV ORRIOLS, ALINA J.</b> <b>6262 Bird Road, Ste 3C</b> <b>Miami, Florida 33155</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1-1 TITLE 1-2 NAME 1-3 STREET ADDRESS 1-4 CITY-ST-ZIP	<b>DP RASCO, RAMON E.</b> <b>5200 Blue Lagoon Drive #700</b> <b>Miami, Florida 33126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2-1 TITLE 2-2 NAME 2-3 STREET ADDRESS 2-4 CITY-ST-ZIP	<b>S ESQUENAZI, SALOMON B.</b> <b>5200 Blue Lagoon Drive #700</b> <b>Miami, Florida 33126</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3-1 TITLE 3-2 NAME 3-3 STREET ADDRESS 3-4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4-1 TITLE 4-2 NAME 4-3 STREET ADDRESS 4-4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5-1 TITLE 5-2 NAME 5-3 STREET ADDRESS 5-4 CITY-ST-ZIP	<b>800002539468</b> <b>-05/28/98--01085--009</b> <b>***150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(c), 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 appointed 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 appointment with an address.

SIGNATURE:  **Ramon E. Rasco, President** (305) 261-0500

CR2E034 (10/97)