

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

FILED
May 21 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 # **M45549** (6)

1. Corporation Name
NUEVO MUNDO DADE HOLDING INC.



Principal Place of Business % OWEN S. FREED 150 W. FLAGLER ST. #2200 MIAMI FL 33130	Mailing Address % OWEN S. FREED 150 W. FLAGLER ST. #2200 MIAMI FL 33130
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 160 Solano Prado Suite, Apt. #, etc. 22 City & State 23 Coral Gables FL Zip 24 33156 Country		2a. Mailing Address 26 160 Solano Prado Suite, Apt. #, etc. 27 City & State 28 Coral Gables FL Zip 29 33156 Country		3. Date Incorporated or Qualified 01/27/1987	
		4. FEI Number 59-2759181		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 FREED, OWEN S. 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	11 TITLE	12 NAME
DP	ZUBILLAGA, JUAN LUIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
160 SOLANO PRADO		1.3 STREET ADDRESS	
CORAL GABLES FL 33156		1.4 CITY-ST-ZIP	
DV	DE ZUBILLAGA, MARIA D.A.	2.1 TITLE	
160 SOLANO PRADO		2.2 NAME	
CORAL GABLES FL 33156		2.3 STREET ADDRESS	
DS	FREED, OWEN S.	2.4 CITY-ST-ZIP	
550 PUERTA		3.1 TITLE	
CORAL GABLES FL		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		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: _____

CR2E034 (10/97)