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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42077 (0)
T. Corporation Name
ANTRA, INCORPORATED



Principal Place of Business P.O. BOX 371022 MIAMI FL 33137-1022	Mailing Address P.O. BOX 371022 MIAMI FL 33137-1022
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3. Date Incorporated or Qualified
02/07/1991

4. FEI Number
65-0256748

Applied For	Not Applicable
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

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
**SEIDLER, SARA
% SARA SEIDLER
564 NW 24TH ST.
MIAMI FL 33127**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KESHEN, FRED	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12000 N BAYSHORE DR #305-6	1.2 NAME	
STREET ADDRESS	N MIAMI FL 33181	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD RUBINSTEIN, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2901 S BAYSHORE DR #2-G	2.2 NAME	
STREET ADDRESS	COCONUT GROVE FL 33133	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SEIDLER, SARA	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	564 NW 24TH STREET	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BIEDERMAN, BOB	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12651 S DIXIE HWY #325	4.2 NAME	
STREET ADDRESS	MIAMI FL 33156	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MUROFF, GLORIA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2000 ISLAND BLVD #1709	5.2 NAME	
STREET ADDRESS	WILLIAMS ISLAND FL 33160	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D SHALM, MYRON	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12000 BISCAYNE BLVD #1709	6.2 NAME	
STREET ADDRESS	N MIAMI FL 33181	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham 1-12-97 305-573-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029016

CR2E037 (10/97)