


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT 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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<b>DOCUMENT # N50136 (3)</b> 1. Corporation Name <b>EGTSEMANI CORPORATION</b>
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Principal Place of Business <b>6225 JOHNSON STREET HOLLYWOOD FL 33024 US</b>	Mailing Address <b>6225 JOHNSON STREET HOLLYWOOD FL 33024 US</b>
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3. Date Incorporated or Qualified <b>07/29/1992</b>
4. FEI Number <b>NOT APPLICABLE</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 6225 JOHNSON STREET</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 6225 JOHNSON STREET</b> Suite, Apt. #, etc.
City & State <b>23 HOLLYWOOD, FLORIDA</b>	City & State <b>28 HOLLYWOOD, FLORIDA</b>
Zip <b>24 33024</b>	Country <b>25 U.S.</b>
Zip <b>29 33024</b>	Country <b>30 U.S.</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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  <b>BARRETO, JUAN 6881 SW 18TH STREET, #109 PEMBROKE PINES FL 33023</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>JUAN J. BARRETO</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>4679 SW 19TH ST.</b>	
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84 City <b>FT. LAUDERDALE, FL</b>	85 Zip Code <b>33317</b>

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 <i>[Signature]</i>	DATE
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BARRETO, JUAN</b>		1.2 NAME <b>JUAN J. BARRETO</b>	
STREET ADDRESS <b>6931 S.W. 19TH STREET, APT. 21</b>		1.3 STREET ADDRESS <b>4679 SW 19TH ST.</b>	
CITY-ST-ZIP <b>PEMBROKE PINES FL 33023</b>		1.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FLORIDA 33317</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSARIO, EMMA</b>		2.2 NAME	
STREET ADDRESS <b>553 NW 93 RD. ST.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33150</b>		2.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TOLEDO, MARIANA</b>		3.2 NAME <b>CANDELARIA ZORAIDA</b>	
STREET ADDRESS <b>6380 SW SHERMAN ST</b>		3.3 STREET ADDRESS <b>4800 SW 16 ST.</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL 33024</b>		3.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FLORIDA 33317</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CANDELARIA, ZORAIDA</b>		4.2 NAME <b>JOSE TOLEDO</b>	
STREET ADDRESS <b>4800 SW 16 ST</b>		4.3 STREET ADDRESS <b>6380 SW SHERMAN ST</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL 33317</b>		4.4 CITY-ST-ZIP <b>HOLLYWOOD, FLORIDA, 33024</b>	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: <i>[Signature]</i>	JAN-09-1998
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CP2E037 (10/97)