

**FILED**

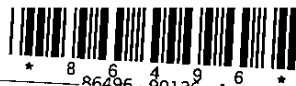
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FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

Corporation Name

Principal Place of Business  
5442 S.W. 8 ST.  
CORAL GABLES FL 33134

**Mailing Address**  
P O BOX 0645  
MIAMI LF 33144  
IIS



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/06/1996</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0731692</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>25</b> Country		Zip <b>29</b> Country <b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>SOSA, JORGE L</b> <b>4410 ALTON ROAD</b> <b>MIAMI BEACH FL 33156</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	
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.					

## GNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
LE ME REET ADDRESS Y-ST-ZIP	DP CLARK, JUAN M 9845 S.W. 87 ST. MIAMI BEACH FL 33140 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	DS MIRET, GERMAN J 8260 SW 91 STREET MIAMI FL 33156 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	DT MENENDEZ, PADRE JOSE L 3220 NW 9TH AVE. MIAMI FL 33127 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	D ANORGA, MARTIN REV 5442 S.W. 8 ST. CORAL GABLES FL 33134 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	D SANCHEZ, RICARDO 5442 S.W. 8 ST. CORAL GABLES FL 33134 <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
LE ME REET ADDRESS Y-ST-ZIP	D DE TORO, LORENZO 5442 S.W. 8 ST. CORAL GABLES FL 33134 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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, with all other like empowered.

**GNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Page

Daytime Phone # \_\_\_\_\_

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