

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

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Apr 01 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 # P18014 (1)
1. Corporation Name
CASTELITA INVESTMENTS CORPORATION

Principal Place of Business 19115 COLLINS AVE NORTH MIAMI BEACH FL 33160 US	Mailing Address 19115 COLLINS AVE NORTH MIAMI BEACH FL 33160 US
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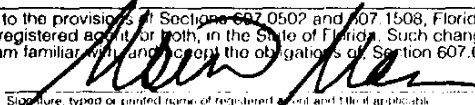


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/12/1988	
21		26		4. FEI Number 59-2028717	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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 FARKAS, VICTOR 19115 COLLINS AVE. MIAMI FL 33160		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		MARK - MATTHEW 8701 COLLINS AVE. MIAMI BEACH FL 33154	

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:  DATE: 3-23-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	FARKAS, VICTOR	1.2 NAME	MICHAEL DEZER
STREET ADDRESS	19115 COLLINS AVE.	1.3 STREET ADDRESS	89 5TH AVE.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	N.Y. N.Y. 10003
TITLE	VD	2.1 TITLE	STD
NAME	SCHREYER, HELMUT	2.2 NAME	NEOMI DEZERTZOV
STREET ADDRESS	19115 COLLINS AVE.	2.3 STREET ADDRESS	89 5TH AVE.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	N.Y. N.Y. 10003
TITLE	STD	3.1 TITLE	
NAME	TIKAL, MANFRED	3.2 NAME	
STREET ADDRESS	19115 COLLINS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  DATE: 2/2/98

CR2E034 (10/97)