

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

FILED

**Apr 02 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 # P35857 (2)

1. Corporation Name
CONROC, INC.



Principal Place of Business 2655 LE JEUNE RD. 1000 CORAL GABLES FL 33134 US	Mailing Address 2655 LE JEUNE RD. 1000 CORAL GABLES FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 10/09/1991	
4. FEI Number 51-0302239	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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

**MALE, MICHAEL H.
3250 MARY ST., STE. 303
MIAMI FL 33133**

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

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

12. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> DELETE
NAME	GUERRERO, JOSE LUIS	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	GALAZ, JAVIER MORA	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	CAYEULA, MANUEL SALVOCH	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ESPELETA, ALFONSO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	FLORES, PORFIRIO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	INDERBITZIN, ERNESTO	
STREET ADDRESS	2655 LEJEUNE RD, 1000	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP/VC/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUERRERO, JOSE LUIS	
1.3 STREET ADDRESS	2655 LEJEUNE ROAD, SUITE 1000	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MONTANO, SERGIO	
2.3 STREET ADDRESS	2655 LEJEUNE ROAD, SUITE 1000	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
3.1 TITLE	C/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SEPULVEDA, BERNARDO	
3.3 STREET ADDRESS	2655 LEJEUNE ROAD, SUITE 1000	
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
4.1 TITLE	VP/VC/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ZARATE, LUIS	
4.3 STREET ADDRESS	2655 LEJEUNE ROAD, SUITE 1000	
4.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
5.1 TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SERINA, QUIRICO	
5.3 STREET ADDRESS	2655 LEJEUNE ROAD, SUITE 1000	
5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	
6.1 TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARIN, ERNESTO	
6.3 STREET ADDRESS	2655 LEJEUNE ROAD, SUITE 1000	
6.4 CITY-ST-ZIP	CORAL GABLES, FL 33134	

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 _____ DATE _____

CR2E034 (10/97)

CONROC INC.

FED ID#: 51-0302239

1998 ADDITION:

- 1) ADDITION
TITLE: T/AS
NAME: SANCHEZ, MANUEL
ADDRESS: 2655 LEJEUNE ROAD, SUITE 1000
CITY/ST/ZIP: CORAL GABLES, FL 33134