

2-5-98 B 1524 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 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 # P93000004001 (2)

1. Corporation Name
SERENA COVE HOLDINGS, INC.




Principal Place of Business 8255 SW 152ND AVE SUITE 101 MIAMI FL 33193 US	Mailing Address 8255 SW 152ND AVE SUITE 101 MIAMI FL 33193 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1570 MADRUGA AVENUE Suite, Apt. #, etc. 22 200 City & State 23 CORAL GABLES FL Zip 24 33146 Country 25 USA	2a. Mailing Address 26 1570 MADRUGA AVENUE Suite, Apt. #, etc. 27 200 City & State 28 CORAL GABLES FL Zip 29 33146 Country 30 USA
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3. Date Incorporated or Qualified 01/12/1993	4. FEI Number 65-0382288	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent PARAJON, LUIS 8255 SW 152ND AVE #101 MIAMI FL 33193 	10. Name and Address of New Registered Agent 81 Name LUIS PARAJON 82 Street Address (P.O. Box Number is Not Acceptable) 1570 MADRUGA AVENUE 83 SUITE 200 84 City CORAL GABLES FL 85 Zip Code 33146
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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  **TREASURER** **01/21/98**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARAH, EDWARD	1.2 NAME	
STREET ADDRESS	% 8255 SW 152ND AVE #101	1.3 STREET ADDRESS	1570 MADRUGA AVE. #200
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS PARAJON	2.2 NAME	
STREET ADDRESS	% 8255 SW 152ND AVE #101	2.3 STREET ADDRESS	1570 MADRUGA AVE. #200
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASHIDA MAMUJEE	3.2 NAME	
STREET ADDRESS	% 8255 SW 152ND AVE #101	3.3 STREET ADDRESS	1570 MADRUGA AVE. #200
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONIBALL, ROBERT	4.2 NAME	
STREET ADDRESS	% 8255 SW 152ND AVE #101	4.3 STREET ADDRESS	1570 MADRUGA AVENUE #200
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALWIN POON TIP	5.2 NAME	
STREET ADDRESS	% 8255 SW 152ND AVE #101	5.3 STREET ADDRESS	1570 MADRUGA AVE. #200
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUARTE, JUAN F	6.2 NAME	
STREET ADDRESS	% 8255 SW 152ND AVE #101	6.3 STREET ADDRESS	1570 MADRUGA AVE. #200
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	CORAL GABLES, FL 33146

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  **TREASURER** (01/21/98) (305) 665-3006

CR2E034 (10/97)