

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

90 APR 30 AM 10:56

DOCUMENT # P-93000013065
1. Corporation Name
90 S.W. 8th STREET ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
90 S.W. 8th STREET 90 S.W. 8th STREET
MIAMI, FLORIDA 33130 3rd FLOOR
MIAMI, FLORIDA 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
2/19/93

2. Principal Place of Business 21 90 S.W. 8th STREET Suite, Apt. #, etc 22	2a. Mailing Address 26 90 S.W. 8th STREET Suite, Apt. #, etc 27 3rd Floor	4. FEI Number 65-0398779
City & State 23 MIAMI, FLORIDA	City & State 28 MIAMI, FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.7 For
Zip 24 33130	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5. Ad
	Zip 29 33130	Country 30 USA

8. This corporation owes or has paid the current year Personal Property Tax due June 30 Yes

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
	81 Name JAIME BRUGOS
	82 Street Address (P.O. Box Number is Not Acceptable) 121 CRANDON BOULEVARD, #462
	83
	84 City KEY BISCAIYNE, 33149 FL 85

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 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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Jaime Brugo - Director* DATE 4/29/98
Signature of registered agent and title if applicable (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE H.O. LEAVITT 1110 BRICKELL AVENUE, STE. 430 MIAMI, FLORIDA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Chan Director-President JAIME BRUGOS 90 S.W. 8th STREET, 3rd. FLOOR MIAMI, FLORIDA 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Chan DIRECTOR-VICE-PRESIDENT COLLAR, GERVA SIO 90 S.W. 8th STREET, 3rd FLOOR MIAMI, FLORIDA 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Chan DIRECTOR-SECRETARY TERREROS, MARIA A. 90 S.W. 8th STREET, 3rd. FLOOR MIAMI, FLORIDA 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Chan 300002512733--0 -05/06/98--01017--019 ****300.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Chan 4-30-98
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Chan

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 as 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 is not on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *María Terrero Director* DATE 4/29/98 (301)380199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR