

AMENDED

APPROVED AND FILED

98 DEC 24 AM 9:35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000013065 1. Corporation Name 90 S.W. 8th St. Enterprises, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	90 S.W. 8th Street	26	90 S.W. 8th Street
22	Suite, Apt. #, etc. 3rd Floor	27	Suite, Apt. #, etc. 3rd Floor
23	City & State Miami FL	28	City & State Miami FL
24	Zip 33130	29	Zip 33130
	County USA		County USA
3. Date Incorporated or Qualified 2/19/93		3a. Date of Last Report 4/30/98	
4. FEI Number 65-0398779		Applied For Not Applicable	
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Jaime Brugos 121 Crandon Boulevard #462 Key Biscayne, FL 33149		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	300002706499--8 -12/08/98--01076--005
		84	City FL Zip Code 33125
11. Pursuant to the provisions of Sections 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jaime Brugos	1.2 NAME	
STREET ADDRESS	90 S.W. 8th Street, 3rd Floor	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33130	1.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gervacio Collar	2.2 NAME	Ricardo Brugos
STREET ADDRESS	90 S.W. 8th Street, 3rd Floor	2.3 STREET ADDRESS	90 S.W. 8th Street, 3rd Floor
CITY-ST-ZIP	Miami, FL 33130	2.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	VPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria A. Terreros	3.2 NAME	Maria A. Terreros
STREET ADDRESS	90 S.W. 8th Street, 3rd Floor	3.3 STREET ADDRESS	90 S.W. 8th Street, 3rd Floor
CITY-ST-ZIP	Miami, FL 33130	3.4 CITY-ST-ZIP	Miami, FL 33130
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do 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, or on attachment with an address.			
SIGNATURE _____ Maria A. Terreros, Vice President and Secretary		11/30/98 305-358-0199	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

BR 12/18