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

P93000013970 (7) DOCUMENT #

TODD M. WERNSTROM, P.A.

Principal Place of Business Mailing Address 1450 MADRUGA AVE 1450 MADRUGA AVE SHITE 302 CHITE 200 CORAL GABLES FL 23140 DO NOT WRITE IN THIS SPACE CORAL GABLES PL 33146 3. Date Incorporated or Qualified 02/24/1993 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 26 1606 Pouce De Leon Blud De Leon Blul 1826 tonce 65-0389515 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be oral busles FL (D/el 23 Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent WERNSTROM, TODD M Name Wernstron Ð 1450 MADRUGA AVE O. Box Number is Not Acceptable) SUITE 302 COBAL-GABLES FL 33146 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 agent, or bent in the provision of Section 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.

SIGNATURE City (Dral M. Wernstrom rodd tegistered Agent signature required when refi OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE WERNSTROM, TODD M 1.2 NAME NAME 1826 Ponce De Leon 1450 MADRUGA AVE SUITE 302 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33146** coval Gabley PL 33634 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE NAME 22 NAME STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

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 of 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 the receiver with an address.

6 2 NAME

SIGNATURE:

NAME

STREET ADDRESS

old Milvernstron

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

3|31/98-305.442.0498

FILED

Apr 27 1998 8:00am

Secretary of State