

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

FILED  
Apr 24 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000028088 (1)**

1. Corporation Name  
**FERNWOOD INVESTMENTS, INC.**

Principal Place of Business

**935 PENNSYLVANIA AVE  
SOUTH MIAMI BEACH FL 33139  
US**

Mailing Address

**7551 SW 58TH STREET  
MIAMI FL 33143  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 <i>935 Pennsylvania Ave</i>
22 City & State	27 <i>Suite 102</i>
23 Zip	28 <i>Miami Beach, Florida</i>
24 Country	29 <i>33139</i>
25	30 <i>USA</i>

3. Date Incorporated or Qualified <b>04/15/1993</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0425235</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

**PARLADE, ALBERTO J ESQ  
3850 S.W. 87TH AVE.  
SUITE 207  
MIAMI FL 33165**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<i>President (PD)</i>
NAME	<b>CLAYTON, MARIA C</b>	1.2 NAME	<i>Maria C. Clayton</i>
STREET ADDRESS	<b>333 WILLOW DRIVE</b>	1.3 STREET ADDRESS	<i>333 Willow Drive</i>
CITY-ST-ZIP	<b>FELTON CA</b>	1.4 CITY-ST-ZIP	<i>Felton, Calif. 95018</i>
TITLE	D	2.1 TITLE	<i>Vice President (VD)</i>
NAME	<b>CLAYTON, THOMAS A</b>	2.2 NAME	<i>Thomas A. Clayton</i>
STREET ADDRESS	<b>333 WILLOW DRIVE</b>	2.3 STREET ADDRESS	<i>333 Willow Drive</i>
CITY-ST-ZIP	<b>FELTON CA</b>	2.4 CITY-ST-ZIP	<i>Felton, Calif. 95018</i>
TITLE	PD	3.1 TITLE	<i>Secretary/Treasurer (STD)</i>
NAME	<b>PARLADE, PEDRO</b>	3.2 NAME	<i>Patricia D. Clayton</i>
STREET ADDRESS	<b>7551 S.W. 58TH STREET</b>	3.3 STREET ADDRESS	<i>935 Pennsylvania, Suite 102</i>
CITY-ST-ZIP	<b>MIAMI FL</b>	3.4 CITY-ST-ZIP	<i>Miami Beach, Florida 33139</i>
TITLE	STD	4.1 TITLE	
NAME	<b>PARLADE, GABRIELE</b>	4.2 NAME	
STREET ADDRESS	<b>7551 S.W. 58TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Maria C. Clayton*

*April 16 98*

CR2E034 (10/97)