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

DOCUMENT # P93000043278 (9) MARK RICHARDS, INC. Principal Place of Business Mailing Address -28 SEVILLA AVE. CORAL GABLES FL 22184 33/16 CORAL GABLES FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 200 4200 65-0417008 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 29 Name and Address of Current Registe Name and Address of New Registered Agent Name MONTERO, RICHARD 36 SEVILLA AVE. 82 Stree CORAL GABLES FL 33134 83 84 7.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provision office or registered ag agent. I am familiar wil SIGNATURE d agent and life if applicable igent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE RSIDENT Change MARK DONGUAN MONTERO, RICHARD NAME 1 2 NAME SEULLA AVBNUE 36 SEVILLA AVE. STREET ADDRESS 1.3 STREET ADDRESS **CORAL GABLES FL 33134** RAL GABLES CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Addition 2.1 TITLE NAME 2.2 NAME RICHARO MONTEÑ STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 of 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 the property of the corporation of 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 the property of the pro

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY - ST - 7IP

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TITLE

NAME

TITLE

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Change

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Addition

Addition

FILED

Mar 30 1998 8:00am

Secretary of State