

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Martham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000057294 (9)**

1. Corporation Name

**GO CONDO, INC.**

Principal Place of Business

**18425 N.W. 2ND AVENUE  
MIAMI FL 33169**

Mailing Address

**18425 N.W. 2ND AVENUE  
MIAMI FL 33169**

2. Principal Place of Business

**21**

2a. Mailing Address

**26**

Suite, Apt. #, etc.

**22**

**27**

City & State

**23**

**28**

City & State

**24**

**29**

Zip

**25**

**30**

Country

9. Name and Address of Current Registered Agent

**LIFTER, BENNETT M  
18425 N.W. 2ND AVENUE  
MIAMI FL 33169**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City

**FL** **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

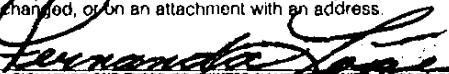
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<b>TITLE</b>	<b>NAME</b>	<b>1.1 TITLE</b> <b>PD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1.2 NAME</b> <b>FERNANDA LOPEZ</b> <b>1.3 STREET ADDRESS</b> <b>18485 N.W. 3ND AV.</b> <b>1.4 CITY-ST-ZIP</b> <b>MIAMI FL 33169</b>
<b>TITLE</b>	<b>NAME</b>	<b>2.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>3.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>4.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>5.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>
<b>TITLE</b>	<b>NAME</b>	<b>6.1 TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>

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:  **FERNANDA LOPEZ** **4/15/98** **305-652-5506**

FILED  
May 05 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/11/1993**

Applied For  
 Not Applicable

4. FEI Number **65-0430393**

\$8.75 Additional  
Fee Required

5. Certificate of Status Desired

\$5.00 May Be  
Added to Fees

6. Election Campaign Financing Trust Fund Contribution

7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

10. Name and Address of New Registered Agent

CR2E034 (1097)