

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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000072484 (7)**

1. Corporation Name
ADEAH, INC.

Principal Place of Business 7300 N. KENDALL DRIVE, SUITE 530 MIAMI FL 33156 13200 SW 128 STR STE F-2 MIAMI FL 33186	Mailing Address 7300 N. KENDALL DRIVE, SUITE 530 MIAMI FL 33156 13200 SW 128 STR STE F-2 MIAMI FL 33186
---	---

2. Principal Place of Business 21 13200 SW 128 STR Suite, Apt. #, etc. F-2 City & State MIAMI, FL Zip 33186 Country DADG	2a. Mailing Address 26 13200 SW 128 STR Suite, Apt. #, etc. F-2 City & State MIAMI FL Zip 33186 Country DADG
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/11/1993	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0527913	
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 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
**JOLY, YVON
7300 N KENDALL DRIVE
SUITE 530
MIAMI FL 33156**

81 Name YVON JOLY	85 Zip Code 33186
82 Street Address (P.O. Box Number is Not Acceptable) 13200 S.W. 128 STR BLDG. F-2	
83 City MIAMI	84 State FL

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	
TITLE	PD
NAME	JOLY, YVON
STREET ADDRESS	7300 N KENDALL DRIVE SUITE 530
CITY-ST-ZIP	MIAMI FL 33156
TITLE	V
NAME	EMERAND, MAGGY
STREET ADDRESS	7300 N KENDALL DRIVE SUITE 530
CITY-ST-ZIP	MIAMI FL 33156
TITLE	V
NAME	CETOUTE, JEAN M
STREET ADDRESS	7300 N KENDALL DRIVE SUITE 530
CITY-ST-ZIP	MIAMI FL 33156
TITLE	V
NAME	LOUISSAINT, BAZELAIS
STREET ADDRESS	7300 N KENDALL DRIVE SUITE 530
CITY-ST-ZIP	MIAMI FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	13200 SW 128 STR. STE F-2
1.4 CITY-ST-ZIP	MIAMI FL 33186
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	13200 SW 128 STR STE F-2
2.4 CITY-ST-ZIP	MIAMI FL 33186
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13200 SW 128 STR STE F-2
3.4 CITY-ST-ZIP	MIAMI FL 33186
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	13200 SW 128 STR STE F-2
4.4 CITY-ST-ZIP	MIAMI FL 33186
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE:

[Signature]

[Signature]

CR2E034 (10/97)