

4-0-98 13-1500 C-
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Feb 05 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 # P93000076707 (7)
 1. Corporation Name
575 MONTEREY, INC.



Principal Place of Business: 575 NE 143 ST, APT 102, N MIAMI FL 33161, US

Mailing Address: ~~40975-BIRD RD.~~ **9666 CORAL WAY SUITE # 317**, MIAMI FL ~~33155~~ **33165**, US

DO NOT WRITE IN THIS SPACE

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	9666 CORAL WAY	65-0449730	65-0449730	Not Applicable
23	City & State	27	SUITE # 317	5	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	MIAMI FL	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	Country	29	33165	8	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No
30		30	U.S.A.			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DEL VAL, JOSE A 9880 SW 35TH TER MIAMI FL 33165		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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL VAL, JOSE A	1.2 NAME	
STREET ADDRESS	9880 SW 35TH TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33165	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Jose A. Del Val DATE: 1-27-98 PHONE: 305 945 7087

CR2E034 (10/97)