

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

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000024572 (7)
 1. Corporation Name
SEASONAL RENTALS & SALES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3505 S OCEAN DR RENTAL OFFICE HOLLYWOOD FL 33019 US	Mailing Address 3505 S OCEAN DR RENTAL OFFICE HOLLYWOOD FL 33019 US
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3. Date Incorporated or Qualified 03/30/1994	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0483813	
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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**ESTEVEZ, AIDA
 4886 N.W. 69TH AVE.
 MIAMI FL 33166**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTEVEZ, AIDA	1.2 NAME	Ulises ESTEVEZ
STREET ADDRESS	4886 N.W. 69TH AVE.	1.3 STREET ADDRESS	5720 S.W. 128st.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33156
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERARDO AGUIRRE	2.2 NAME	AIDA ESTEVEZ
STREET ADDRESS	9900 SW 145 ST	2.3 STREET ADDRESS	5720 S.W. 128st.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33156
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL ALMEIDA	3.2 NAME	AIDA ESTEVEZ
STREET ADDRESS	3505 SOUTH OCEAN DR	3.3 STREET ADDRESS	5720 S.W. 128st.
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Miami, Fla. 33156
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: *Aida Estevez* **AIDA ESTEVEZ 4-2-98**

CR2E034 (10/97)