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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400035117 (8)

M. TOBAL CONSULTING, INC.

FILED Apr 21 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address				
ONE S.E. 3RD AVE. #1400 MIAMI FL 33131	ONE S.E. 3RD AVE. #1400 MIAM! FL 33131		DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29		try	05/06/1994 4. FET Number 65-0523827 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the currency personal Property Tax due June 30.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees rrept year Intangible Yes No
9. Name and Address of Currer COPROLITE CORPORATION ONE S.E. 3RD AVE. #1400 MIAMI FL 33131	nt Registered Agent	E 8	33 34 City	19. Name and Address of New Registered dress (P.O. Box Number is Not Acceptable)	85 Zip Code
11. Pursuant to the provisions of Sections 607,050	02 and 607 1508, Florida S	tatutes, the abo	ove-named co	orporation submits this statement for the purpose of	of changing its registered

SIGNATURE (NOTE Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DHEIL 13.100 TITLE **TOBAL, MARCOS** 12 NAME NAME ONE S.E. 3RD AVE., #1400 STREET ADDRESS 1.3 STHEET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 14 CHY-ST-ZIP DELETE Change Addition TITLE 21 HILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CHY-S1-7IP CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 34. CITY- ST-7IP CITY-ST-ZIP Change Addition DELETE TITLE 4.1.1ITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - 7IP CITY-ST-ZIP DELETE Addition 5.1 1HLE TITLE NAME **5.2 NAME** STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TIFLE TITLE 6.2 NAME NAME

14. Thereby certify that the information supplied with the siling 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 preciver or duffee 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 all natural with an address.

6.3 STREET ADDRESS

(305)861-0151