


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

FILED
May 18 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 # P94000035890 (0)
1. Corporation Name
EYR CORPORATION

Principal Place of Business 455 LINCOLN RD SUITE 600 MIAMI BEACH FL 33139 US	Mailing Address 1428 BRICKELL AVENUE SUITE 600 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2324 NW 5th AVE Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33127		2a. Mailing Address 26 2324 NW 5th AVE Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33127		3. Date Incorporated or Qualified 05/12/1994	
Country 25 U.S.A.		Country 30 U.S.A.		4. FEI Number 65-0498220	
				5. Certificate of Status Desired <input checked="" 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 KASDIN, NEISEN O 1428 BRICKELL AVENUE 6TH FLOOR MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name GK-RA Corp. 82 Street Address (P.O. Box Number is Not Acceptable) 1428 Brickell Ave. 83 6th Floor 84 City Miami FL 85 Zip Code 33131			
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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 2/10/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BECHAINOW, DEANNA F			1.2 NAME			
STREET ADDRESS	1428 BRICKELL AVENUE, 6TH FL			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			1.4 CITY - ST - ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHREINER, CHARLES			2.2 NAME			
STREET ADDRESS	1428 BRICKELL AVENUE, 6TH FL			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			2.4 CITY - ST - ZIP			
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAAN, ROBERTO			3.2 NAME			
STREET ADDRESS	1428 BRICKELL AVENUE., 6TH FLOOR			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33131			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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/98 (305) 576-0884
Date Daytime Phone # 0181810

CR2E034 (10/97)