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PROFIT CORPORATION **ANNUAL REPORT**

1998

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CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

May 04 1998 8:00am

Secretary of State

DOCUMENT # P94000067463 (7)

JORGE ECHARTE, JR., INC.

Principal Place of Business Mailing Address 6899 90TH AVE., N 6699 90TH AVE., N. PINELLAS PARK FL 33782 PINELLAS PARK FL 33782 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/09/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3271147 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Žip Country Ζιρ Country 8. This corporation owes or has paid the current year Intangible Yes 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CATALANO, RICHARD T 18167 US 19 NORTH Street Address 82 SUITE 560 83 **CLEARWATER FL 34624** Zip Code 33782 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 amprimiliar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE ektabilgan bibliote (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition TITLE 1.1 TITLE **ECHARTE, JORGE JR** NAME 1.2 NAME 267 RAFAEL BLVD. N.E. STREET ADDRESS 1.3 STREET ADDRESS ST. PETERSBRG FL 33704 CITY-ST-ZiP DELETE Change Addition TITLE 21 THILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Addition TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DFLETE 61 HILE Change ___ Addition 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 00 or an attachment with an address.