

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

FILED
Jun 04 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 # P94000078933 (6)
 1. Corporation Name
MIAMI ASTRAL INC.



Principal Place of Business 9340 N.W. 13TH ST. BAY 21 MIAMI FL 33172	Mailing Address 9340 N.W. 13TH ST. BAY 21 MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9700 NW, 6 Lane Suite, Apt. #, etc.	2a. Mailing Address 26 9700 NW, 6 LANE Suite, Apt. #, etc.
22 City & State 23 MIAMI FL	27 City & State 28 MIAMI, FL
24 33172 Zip Country	29 33172 Zip Country

3. Date Incorporated or Qualified 10/26/1994	4. FEI Number 65-0530420 Applied For Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TEIXEIRA, MANUEL 14415 N. KENDALL DRIVE MIAMI FL 33183	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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10. Name and Address of New Registered Agent
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME TEIXEIRA, MANUEL	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14415 N. KENDALL DRIVE	CITY-ST-ZIP MIAMI FL 33183	1.2 NAME TEIXEIRA, MANUEL	
		1.3 STREET ADDRESS 9700 NW, 6 Lane	
		1.4 CITY-ST-ZIP MIAMI, FL 33172	
TITLE TD	NAME DEANDRADES, RICARDO	2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14415 N. KENDALL DRIVE	CITY-ST-ZIP MIAMI FL 33183	2.2 NAME DEANDRADE, RICARDO	
		2.3 STREET ADDRESS 9700 NW, 6 Lane	
		2.4 CITY-ST-ZIP MIAMI, FL 33172	
TITLE VD	NAME RODRIGUEZ, RAUL	3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14415 N. KENDALL DRIVE	CITY-ST-ZIP MIAMI FL 33183	3.2 NAME RODRIGUEZ, RAUL	
		3.3 STREET ADDRESS 9700 NW, 6 Lane	
		3.4 CITY-ST-ZIP MIAMI, FL 33172	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME TEIXEIRA, MANUEL	
1.3 STREET ADDRESS 9700 NW, 6 Lane	
1.4 CITY-ST-ZIP MIAMI, FL 33172	
2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME DEANDRADE, RICARDO	
2.3 STREET ADDRESS 9700 NW, 6 Lane	
2.4 CITY-ST-ZIP MIAMI, FL 33172	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME RODRIGUEZ, RAUL	
3.3 STREET ADDRESS 9700 NW, 6 Lane	
3.4 CITY-ST-ZIP MIAMI, FL 33172	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Teixeira, Manuel* 5/21/98 (305)485-3588

CR2E034 (10/97)