

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

FILED
Apr 21 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000013378 (1)
 1. Corporation Name
577, INC.



| | |
|--|--|
| Principal Place of Business 2665 S BAYSHORE DRIVE SUITE 900 MIAMI FL 33133 | Mailing Address 2665 S BAYSHORE DRIVE SUITE 900 MIAMI FL 33133 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|---|------------------------------------|--------------------------|--|---|
| 3. Date Incorporated or Qualified 02/15/1995 | | 4. FET Number 65-0576710 | | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 2. Principal Place of Business 21 2665 S Bayshore Drive Suite, Apt. #, etc 22 Suite 703 City & State 23 Miami, FL Zip 24 33133-5401 | 2a. Mailing Address 26 2665 S Bayshore Drive Suite, Apt. #, etc 27 Suite 703 City & State 28 Miami, FL Zip 29 33133-5401 | Country 25 USA | Country 30 USA | 5. Certificate of Status Desired XX \$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 | |

9. Name and Address of Current Registered Agent

RICHARDS, TIMOTHY D
2665 S BAYSHORE DRIVE
SUITE 900
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name **Timothy D. Richards, Esq.**
 82 Street Address (P.O. Box Number is Not Acceptable)
2665 S Bayshore Drive
 83 **Suite 703**
 84 City **Miami** **FL** 85 Zip Code **33133-5401**

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 *Timothy D. Richards* (NOTE Registered Agent signature required when reinstating) DATE **4/1/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | DPS | <input type="checkbox"/> DELETE |
| NAME | FIDALGO, EDUARDO | |
| STREET ADDRESS | 2665 S BAYSHORE DRIVE, STE 900 | |
| CITY-ST-ZIP | MIAMI FL 33133 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 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: *Eduardo Fidalgo* DATE: **4/13/98**

CR2E034 (10/97)