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

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE NAME

**FILED** Apr 21 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandre B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P95000013378 (1) 577, INC. Principal Place of Business Mailing Address 2665 S BAYSHORE DRIVE 2665 \$ BAYSHORE DRIVE SUITE 900 SUITE 800 DO NOT WRITE IN THIS SPACE MIAMI FL 33133 MIAMI FL 33133 3. Date Incorporated or Qualified 02/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2665 S Bayshore Drive 26 2665 S Bayshore Drive 65-05767.10 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional XXX 5. Certificate of Status Desired Suite 703 Suite 703 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Miami, FL Miami, FL Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 33133~5401 25 USA 33133-5401 30 USA Yes □ No Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name RICHARDS, TIMOTHY D Timothy D. Richards, Esq. 2665 S BAYSHORE DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 900 2665 S Bayshore Drive 83 **MIAMI FL 33133** Suite 703 33133-540 Miami 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 Fluch 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) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE Change Addition 1.1 TITLE FIDALGO, EDUARDO CR2E034 NAME 1.2 NAME 2665 S BAYSHORE DRIVE, STE 900 STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS

54 CITY-ST-ZIP

6.3 STREET ADDRESS

61 TITLE

6.2 NAME

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 contration 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 aparticipation with an address.

Change

4/13/98

Addition

DELETE