

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

FILED
Mar 26 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 # P95000018284			
1. Corporation Name SATUERCA CORP.			
Principal Place of Business 2900 N.W. 48 TERR, 2012900 N.W.48 TERRACE, 201 LAUDERDALE LAKES, FL LAUDERDALE LAKES, FL 33313 33313		Mailing Address	
2. Principal Place of Business		3. Date Incorporated or Qualified 03/06/95	
21 Suite, Apt. #, etc.		3a. Date of Last Report MAY 1, 1997	
22 City & State		4. FEI Number 65-0617096	
23 Zip		Applied For Not Applicable	
24 Country		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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
JOHN ALCIBAR 2900 N.W. 48 TERRACE, #201 LAUDERDALE LAKES, FL 33313		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE P/S/T <input type="checkbox"/> DELETE NAME JOHN ALCIBAR STREET ADDRESS 2900 N.W. 48 TERRACE, #201 CITY - ST - ZIP LAUDERDALE LAKES, FL 33313		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE VP <input type="checkbox"/> DELETE NAME JOSE ALCIBAR STREET ADDRESS 2900 N.W. 48 TERRACE, #201 CITY - ST - ZIP LAUDERDALE LAKES, FL 33313		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 do 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: <u>John Alcibar</u>		3/19/98 (954) 677-0565	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)