

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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT

1. Corporation Name: P95000019866 (9)

THE RICHARD BRANDON COMPANY

Principal Place of Business: 1508 SAN IGNACIO AVE SUITE 200 CORAL GABLES FL 33146
Mailing Address: P O BOX 431984 MIAMI FL 33243-1984

3. Date Incorporated or Qualified: 03/09/1995
3a. Date of Last Report: 12/09/96

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

4. FEI Number: 65-0560612
5. Certificate of Status Desired: \$8.75 Addl. Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Added to F
8. This corporation has liability for intangible tax under s. 19 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

MATTAWAY, L. RICHARD
1508 San Ignacio Avenue
Coral Gables, FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Co

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 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 reappointing) _____ Date: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTAWAY, L. RICHARD	
STREET ADDRESS	1508 SAN IGNACIO AVE., 200	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LURIE, BRANDON	
STREET ADDRESS	1508 San Ignacio Avenue #200	
CITY-ST-ZIP	Coral Gables, FL 33146	<input type="checkbox"/> DELETE
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. ADDITIONAL REGISTERED OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that 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 by me in person as 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 by an attachment with an address.

SIGNATURE: [Signature] 12/29/97 Date: 305/66-471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR