

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

FILED
Apr 22 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 # P 95000020897
1. Corporation Name

AIMPOINT CORPORATION

Principal Place of Business 1030 N.E. 209 TERR NO. MIAMI BEACH FL 33179	Mailing Address 2742 BISCAYNE BLVD. MIAMI FL 33137
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21. 8384 N.W. 68 STREET Suite, Apt. #, etc.		2a. Mailing Address 26. 1030 N.E. 209 TERR Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/14/95	
22. City & State MIAMI FL		27. City & State NORTH MIAMI BEACH FL		4. FEI Number 65-0567618 Applied For Not Applicable	
23. Zip 33166		24. Country DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25. Zip 33179		26. Country DADE		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27. 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 VALERIA WOLBERG 1030 N.E. 209 TERRACE NORTH MIAMI BEACH FL 33179				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City				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 _____ DATE _____
(Signature typed or printed name of registered agent and his or her address) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME P, D				1.2 NAME			
1.3 STREET ADDRESS VALERIA WOLBERG				1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP 1030 N.E. 209 TERRACE				1.4 CITY-ST-ZIP			
1.5 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 <input type="checkbox"/> DELETE				1.5 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME				2.2 NAME			
2.3 STREET ADDRESS				2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP				2.4 CITY-ST-ZIP			
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
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6.2 NAME				6.2 NAME			
6.3 STREET ADDRESS				6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP				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 in an attachment with an address.

SIGNATURE:  DATE: **4/16/98** DAYTIME PHONE: **305-553-4333**

CR2E034 (10/97)