

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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90051 022 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000046645

1. Corporation Name
1425 S.W. 5 STREET CORP.

Principal Place of Business 2414 S.W. 8TH ST. MIAMI FL 33135	Mailing Address 2414 S.W. 8TH ST. MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/15/1995	
4. FEI Number 65-0633000	Applied For <input type="checkbox"/> Not Applicable
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 owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES & FERNANDEZ, PA
101 MADEIRA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	Arazoza, Comas de Torres & Fernandez P.A.		
82 Street Address (P.O. Box Number is Not Acceptable)	2100 Salzedo Street		
83 Suite	Suite 300		
84 City	FL	85 Zip Code	33134

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 *[Signature]* **Managing director** DATE **3/10/99**

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	GRANDE, MANUEL A
STREET ADDRESS	2720 S.W. 129TH AVE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	VP <input type="checkbox"/> DELETE
NAME	GRANDE, ELIA
STREET ADDRESS	2720 S.W. 129TH AVE
CITY-ST-ZIP	MIAMI FL 33175
TITLE	S <input type="checkbox"/> DELETE
NAME	GRANDE, CARLOS M
STREET ADDRESS	1037 ALFONSO
CITY-ST-ZIP	CORAL GABLES FL 33146
TITLE	T <input type="checkbox"/> DELETE
NAME	GRANDE, FRANK
STREET ADDRESS	2414 SW 8 ST
CITY-ST-ZIP	MIAMI FL 33135
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **01-25-99** DAYTIME PHONE #: **305 6424621**

CR2E034 (1/98)