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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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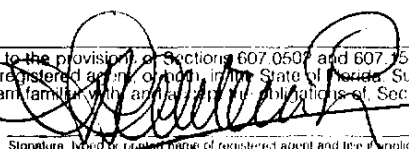
PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P95000054208 (0)</b>		
1. Corporation Name <b>ZERON'S IRON CRAFT, INC.</b>		

Principal Place of Business <b>2300 CORAL WAY #200 MIAMI FL 33145</b>	Mailing Address <b>2300 CORAL WAY #200 MIAMI FL 33145</b>
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2. Principal Place of Business <b>21 2300 CORAL WAY</b> Suite, Apt. #, etc. <b>22 SUITE #200</b> City & State <b>23 MIAMI, FLORIDA</b> Zip <b>24 33145</b>		2a. Mailing Address <b>26 2300 CORAL WAY</b> Suite, Apt. #, etc. <b>27 SUITE #200</b> City & State <b>28 MIAMI, FLORIDA</b> Zip <b>29 33145</b>		3. Date Incorporated or Qualified <b>07/13/1995</b>	
		4. FEI Number <b>65-0592765</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FLORIDA ANNUAL REPORT SERVICE, INC. 2300 CORAL WAY SUITE 200 MIAMI FL 33145</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>700002475037-7</b> <b>-04/01/98-01041-025</b> <b>83 City</b> <b>****150.00 FL ****150.00</b>	
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11. Pursuant to the provisions of Sections 607.0507 and 607.0508, 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 agree to fulfill the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  **AMADA CANTERA LOPEZ/PRES.** **3/22/98**

(NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZERON, JOSE A</b>		1.2 NAME	
STREET ADDRESS <b>2721 WEST 74 STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>HIALEAH FL 33016</b>		1.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ZERON, RAUL A</b>		2.2 NAME	
STREET ADDRESS <b>3148 NW 35 STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33142</b>		2.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TORRES, LEONARD</b>		3.2 NAME	
STREET ADDRESS <b>3711 NW 13 STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33126</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 on an attachment with an address

SIGNATURE  **3/22/98**

CR2E034 (10/97)