

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000092892 (5)**

1. Corporation Name  
**MY RESIDENCE INC.**

Principal Place of Business

~~11113 N.W. 7TH STREET~~  
~~#105~~  
~~MIAMI FL 33172~~

Mailing Address

~~11113 N.W. 7TH STREET~~  
~~#105~~  
~~MIAMI FL 33172~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<b>6395 S.W. 31 ST</b>	26	<b>6395 S.W. 31 ST</b>	<b>12/06/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		<b>65-0659318</b>	
City & State		City & State		Applied For	
23 <b>MIAMI</b>		28 <b>MIAMI</b>		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 <b>FI</b>		29 <b>FI</b>		<b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing	
25 <b>33155</b>		30 <b>33155</b>		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

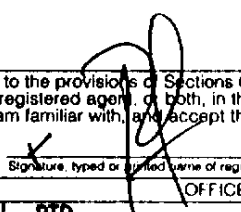
**LANDA, HORTENSIA**  
**11113 N.W. 7TH STREET**  
**MIAMI FL 33172**

10. Name and Address of New Registered Agent

81	Name	<b>Roberto A. Oliver</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>13343 NW 8 LANE</b>
83		
84	City	<b>MIAMI</b>
85	Zip Code	<b>FL 33182</b>

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/28/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PTD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LANDA, HORTENSIA</b>	
STREET ADDRESS	<b>11113 N.W. 7TH STREET #105</b>	
CITY-ST-ZIP	<b>MIAMI FL 33172</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FLORES, MAYRA</b>	
STREET ADDRESS	<b>1820 SW 88 CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/Roberto A. Oliver</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	<b>13343 NW 8th LANE</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
2.1 TITLE	<b>SECRETARY-TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Roberto A. Oliver</b>	
2.3 STREET ADDRESS	<b>13343 NW 8th LANE</b>	
2.4 CITY-ST-ZIP	<b>MIAMI FL 33182</b>	
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 submitted 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 its 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:

 / **President 4/28/98 (305) 740-8347**

CR2E034 (1097)