

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

**APPROVED
AND
FILED**

98 APR 24 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P96000024040 (3)
 1. Corporation Name
PAOLUCCI AND SANDOVAL CORPORATION



| | |
|---|---|
| Principal Place of Business 2300 CORAL WAY SUITE 200 MIAMI FL 33145 | Mailing Address 2300 CORAL WAY SUITE 200 MIAMI FL 33145 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 21 2300 CORAL WAY | 26 2300 CORAL WAY |
| Suite, Apt. #, etc. 22 SUITE #200 | Suite, Apt. #, etc. 27 SUITE #200 |
| City & State 23 MIAMI, FLORIDA | City & State 28 MIAMI, FLORIDA |
| Zip 24 33145 | Country 25 U.S. |
| Zip 29 33145 | Country 30 U.S. |

| |
|---|
| 3. Date Incorporated or Qualified 03/18/1996 |
| 4. FEI Number 65-0822800 APPLIED FOR |
| 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 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
FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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 607.1503, 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]* **AMADA CANTERA LOPEZ/PRES.** **3/22/98**
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SUAREZ, GUILLERMO | |
| STREET ADDRESS | 320 N.W. 132ND AVE. | |
| CITY-ST-ZIP | MIAMI FL 33182 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | SUAREZ, ORIETTA | |
| STREET ADDRESS | 320 N.W. 132ND AVE. | |
| CITY-ST-ZIP | MIAMI FL 33182 | |
| 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 | |
| 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 | |

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******150.00 ****150.00**

[Signature]

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: *[Signature]* **3/8/98**

CR2E034 (10/97)