

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

FILED

Mar 16 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 # P96000041317 (4)  
1. Corporation Name  
OLARTE INC.



Principal Place of Business <del>12684 NW 14 PLACE</del> <del>SUNRISE FL 33323</del> US	Mailing Address <del>12684 NW 14 PLACE</del> <del>SUNRISE FL 33323</del> US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1372 NW 129 Terrace Suite, Apt. #, etc. 22 City & State Sunrise FL 23 Zip 33323 25 Country US		2a. Mailing Address 26 1372 NW 129 Terrace Suite, Apt. #, etc. 27 City & State Sunrise FL 28 Zip 33323 30 Country US		3. Date Incorporated or Qualified 05/08/1996
		4. FEI Number 65-0683269		Applied For 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 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 <del>EISEN, MICHAEL J</del> <del>8210 NW 88TH AVE</del> <del>TAMARAC FL 33321</del>		10. Name and Address of New Registered Agent 81 Name Frank Mancini 82 Street Address (P.O. Box Number is Not Acceptable) Fiorello Income Tax Service 83 2128 Hollywood Blvd 84 City Hollywood FL 85 Zip Code 33020	
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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

*Frank Mancini*

(NOTE: Registered Agent signature required when reinstating)

2/20/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLARTE, DIANA	1.2 NAME	
STREET ADDRESS	<del>1500 NW 120TH DR #302</del> 1372 NW 129 Terr.	1.3 STREET ADDRESS	1372 NW 129 Terrace
CITY - ST - ZIP	SUNRISE FL 33323	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMUDEZ, PEDRO	2.2 NAME	
STREET ADDRESS	<del>1500 NW 120TH DR #302</del> 1372 NW 129 Terr.	2.3 STREET ADDRESS	1372 NW 129 Te-race
CITY - ST - ZIP	SUNRISE FL 33323	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>OLARTE, GILBERTO</del>	3.2 NAME	
STREET ADDRESS	<del>10 SE 6TH CT</del>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<del>POMPANO BEACH FL 33060</del>	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Olarte	4.2 NAME	
STREET ADDRESS	1372 NW 129 Terrace	4.3 STREET ADDRESS	
CITY - ST - ZIP	Sunrise Fla 33323	4.4 CITY - ST - ZIP	
TITLE		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		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: *Diana Olarte* 3-5-98 (954) 845-9422

CR2E034 (10/97)