

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

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044980 (6)

1. Corporation Name
STENTOR CORP.

Principal Place of Business
370 MINORCA AVE., SUITE 21
CORAL GABLES FL 33134

Mailing Address
370 MINORCA AVE., SUITE 21
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 312 NE 17th Ave Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale FL 24 Zip 33301 Country USA		2a. Mailing Address 26 312 NE 17th Ave Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale FL 29 Zip 33301 Country USA		3. Date Incorporated or Qualified 05/20/1996	
				4. FEI Number 65-0679057	
				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 ZIEGLER, S. HARVET ESO 370 MINORCA AVENUE SUITE 21 CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name CRAIG D. ENGEL CPA 82 Street Address (P.O. Box Number is Not Acceptable) 312 NE 17th Ave 83 84 City Ft. Lauderdale FL 85 Zip Code 33301	
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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 Craig D. Engel CPA (NOTE: Registered Agent signature required when reinstating) DATE 3/9/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRIEDEL, JONATHAN R 370 MINORCA AVE #21 CORAL GABLES FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 NE 17th Ave Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONWORTH, RICHARD 370 MINORCA #21 CORAL GABLES FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 NE 17th Ave Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP O'NEILL, DAN 370 MINORCA #21 CORAL GABLES FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 NE 17th Ave Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP O'BRIAN PATRICK CRUISE 370 MINORCA #21 CORAL GABLES FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 NE 17th Ave Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DUNPHY, TOM 370 MINORCA #21 CORAL GABLES FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 312 NE 17th Ave Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIEGLER, S HARVEY 370 MINORCA #21 CORAL GABLES FL <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] Date 3/9/98 Time 9:52 6915

CR2E034 (10/97)