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Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000055465 (4) 1. Corporation Name ESCARDO & ASSOCIATES, INC.			
Principal Place of Business 4726 NW 165 ST. MIAMI FL 33014		Mailing Address 4726 NW 165 ST. MIAMI FL 33014	
2. Principal Place of Business 21 1810 NE 153 STREET Suite, Apt. #, etc. 22 City & State 23 NORTH MIAMI BEACH - FLA Zip 24 33162 Country 25 USA		2a. Mailing Address 26 1810 NE 153 STREET Suite, Apt. #, etc. 27 City & State 28 NORTH MIAMI BEACH - FLA Zip 29 33162 Country 30 USA	
9. Name and Address of Current Registered Agent CAST, LOUIS F 10311 SW 58 STREET MIAMI FL 33165		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 _____ DATE 02-03-98 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE DP NAME ESCARDO, JOSE M STREET ADDRESS 165 SW 132ND AVE. CITY - ST - ZIP MIAMI FL 33184 [] DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE TITLE NAME STREET ADDRESS CITY - ST - ZIP [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT 1.2 NAME JOSE M. ESCARDO 1.3 STREET ADDRESS 1810 N.E. 153rd St 1.4 CITY - ST - ZIP NORTH MIAMI BEACH, FL. 33162 [] Change [] Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP [] Change [] Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP [] Change [] Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP [] Change [] Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP [] Change [] Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP [] Change [] Addition	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1996	
4. FEI Number 65-0679342	Applied For [] Not Applicable
5. Certificate of Status Desired []	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution []	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [] Yes [] No	

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 _____

(305) 976-9906

CR2E034 (10/97)