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

FILED PROFIT. Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P96000056302 (8) GRALFONSO APARTMENTS, INC. Principal Place of Business Mailing Address 851-80 STREET APT 1 851-80TH STREET MIAMI BEACH FL 33141 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL 33141 3. Date Incorporated or Qualified 07/03/1996 2. Principal Place of Business . Mailing Address 4. FEI Number Applied For 21 65-0685584 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Γ 23 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ALFONSO, ANGEL 780-82ND STREET 82 Street Address (P.O. Box Number is Not Acceptable) APT #4 83 MIAMI BEACH FL 33141 City 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. Lam familia with, and accept the appointment of Specton 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE Change Addition ALFONSO, ANGEL NAME 1.2 NAME 780-82ND STREET, #4 1.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 1.4 CITY - \$1 - ZIP CITY-ST-ZIP TITLE STD DELETE 21 TITLE Change Addition ALFONSO, MARTA NAME 2.2 NAME 780-82ND STREET, #4 STREET ADDRESS 23 STREET ADDRESS MIAMI BEACH FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ___ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - 7IP CITY-ST-7IP TITLE DELETE 4.1 TOLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 supplienced arrived 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 empowers to execute this report as required by Chapter 607, Florida Statutes, and that ny name appears in Block 12 or Block 13 if charged or on an attraplined with an address.

4.4 CITY-ST-7IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY-ST-ZIP

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

City-St-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

Change

Change

Addition

Addition