


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

FILED

Jun 04 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 # P96000058095 (6)

1. Corporation Name
CDC OF SOUTH FLORIDA, INC.

Principal Place of Business
9816 NE 2ND AVE
MIAMI SHORES FL 33138
US

Mailing Address
1071 S.W. 8TH STREET
MIAMI FL 33130



DO NOT WRITE IN THIS SPACE

| | | | | | |
|---------------------------------------------------------|--|------------------------|--|-----------------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc | | 26 9816 NE 2nd Ave | | 07/10/1996 | |
| 22 City & State | | 27 Suite, Apt. #, etc. | | 4. FEI Number | |
| 23 Zip | | 28 Miami Shores | | 65-0679190 | |
| 24 Country | | 29 33138 | | Applied For | |
| 25 | | 30 US | | Not Applicable | |
| 9. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired | |
| BURGOS, MARCO 1071 S.W. 8TH STREET MIAMI FL 33130 | | | | X \$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. | |
| | | | | X Yes <input type="checkbox"/> No | |

| | |
|-------------------------------------------------------|--------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | MARCO BURGOS |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 9816 NE Second Ave |
| 83 | |
| 84 City | Miami Shores FL |
| 85 Zip Code | 33138 |

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 MARCO BURGOS DATE May 12/27/1998

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|-------------------------------------------------------|-----------------------|
| TITLE | D | 1.1 TITLE | President |
| NAME | BURGOS, MARCO | 1.2 NAME | Marco Burgos |
| STREET ADDRESS | 1071 S.W. 8TH STREET | 1.3 STREET ADDRESS | 9816 NE Second Ave |
| CITY-ST-ZIP | MIAMI FL 33130 | 1.4 CITY-ST-ZIP | Miami Shores FL 33138 |
| TITLE | D | 2.1 TITLE | Vice president |
| NAME | BURGOS, SUZANNE | 2.2 NAME | Suzanne Burgos |
| STREET ADDRESS | 1071 S.W. 8TH STREET | 2.3 STREET ADDRESS | 9816 NE Second Ave |
| CITY-ST-ZIP | MIAMI FL 33130 | 2.4 CITY-ST-ZIP | Miami Shores FL 33138 |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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: MARCO BURGOS 5/12/1998 305 751-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (10/97)