

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0007541

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 DEC 18 AM 11:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P96000058287 (9)
 1. Corporation Name
 COMFREY CORPORATION

Principal Place of Business: 520 BRICKELL KEY KEY DRIVE, SUITE O-305, MIAMI FL 33131
 Mailing Address: 520 BRICKELL KEY KEY DRIVE, SUITE O-305, MIAMI FL 33131

3. Date Incorporated or Qualified: 07/10/1996
 4. FEI Number: APPLIED FOR
 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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
 FREEMAN, STEPHEN A
 520 BRICKELL KEY KEY DRIVE
 SUITE O-305
 MIAMI FL 33131

10. Name and Address of New Registered Agent (81-85)

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] DATE: 12/17/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PS	DA SILVA ANTUNES, CARLOS MANUEL	1.1 TITLE: [Change] Addition	000002723840-1
STREET ADDRESS: 520 BRICKELL KEY DRIVE, SUITE O-305	MIAMI FL 33131	1.3 STREET ADDRESS:	-12/28/98--01128--015
CITY-ST-ZIP: MIAMI FL 33131		1.4 CITY-ST-ZIP:	****758.75 ****758.75
TITLE: AS	HABER, ROBERT	2.1 TITLE: [Change] Addition	
STREET ADDRESS: 520 BRICKELL KEY KEY DRIVE	MIAMI FL 33131	2.2 NAME:	
CITY-ST-ZIP: MIAMI FL 33131		2.3 STREET ADDRESS:	
TITLE: [Delete]		2.4 CITY-ST-ZIP:	
NAME:		3.1 TITLE: [Change] Addition	
STREET ADDRESS:		3.2 NAME:	
CITY-ST-ZIP:		3.3 STREET ADDRESS:	
TITLE: [Delete]		3.4 CITY-ST-ZIP:	
NAME:		4.1 TITLE: [Change] Addition	
STREET ADDRESS:		4.2 NAME:	
CITY-ST-ZIP:		4.3 STREET ADDRESS:	
TITLE: [Delete]		4.4 CITY-ST-ZIP:	
NAME:		5.1 TITLE: [Change] Addition	
STREET ADDRESS:		5.2 NAME:	
CITY-ST-ZIP:		5.3 STREET ADDRESS:	
TITLE: [Delete]		5.4 CITY-ST-ZIP:	
NAME:		6.1 TITLE: [Change] Addition	
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
TITLE: [Delete]		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: [Signature] DATE: 12/17/98 DAYTIME PHONE #: (305) 374-3800

CR2E034 (5/98)