

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).

FILED

Jul 15 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000064042 (0)**

1. Corporation Name  
**CRANCHI AMERICA, INC.**



Principal Place of Business <b>1535 S.E. 17TH STREET SUITE 201 FT. LAUDERDALE FL 33316</b>	Mailing Address <b>1535 S.E. 17TH STREET SUITE 201 FT. LAUDERDALE FL 33316</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>07/31/1996</b>	
4. FEI Number <b>65-0683294</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**HOBERMAN, JENNIFER M  
3530 MYSTIC POINTE DR.  
SUITE 2211  
MIAMI FL 33180**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	<b>D</b> <input type="checkbox"/> DELETE				
NAME	<b>PINNIGER, IAN R</b>				
STREET ADDRESS	<b>3 LA GRANGE MARTIN</b>				
CITY-ST-ZIP	<b>ST. MARTIN, JERSEY CL</b>				
TITLE	<b>S</b> <input type="checkbox"/> DELETE				
NAME	<b>CALLEJAS, SERGIO</b>				
STREET ADDRESS	<b>1535 SE 17TH ST, SUITE 201</b>				
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33316</b>				
TITLE	<b>PD</b> <input type="checkbox"/> DELETE				
NAME	<b>HORNBAKER, RICHARD</b>				
STREET ADDRESS	<b>1535 SE 17TH STREET, SUITE 201</b>				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>				
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE				
NAME	<b>INGRAM, SARAH JANE</b>				
STREET ADDRESS	<b>1535 SE 17TH STREET, SUITE 201</b>				
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>				
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
1.2 NAME	<b>PETER A. WHITE</b>				
1.3 STREET ADDRESS	<b>1535 SE 17TH STREET, SUITE 201</b>				
1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>				
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME	<b>DEBORAH LUND</b>				
2.3 STREET ADDRESS	<b>1535 SE 17TH STREET, SUITE 201</b>				
2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33316</b>				
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	<b>T/S</b>				
3.3 STREET ADDRESS	<b>SERGIO R. CALLEJAS</b>				
3.4 CITY-ST-ZIP	<b>1535 SE 17TH STREET, SUITE 201</b>				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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: **SERGIO R. CALLEJAS** 6-30-98 954-514-4005

CR2E034 (5/98)