


5-18-98 B 1589 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 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 # P96000073770 (5)
 1. Corporation Name
MANTILLAS' CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 3532 CONRONADO DR. #405 SARASOTA FL 34231
 Mailing Address: 3532 CONRONADO DR. #405 SARASOTA FL 34231

3. Date Incorporated or Qualified: **09/03/1996**

4. FEI Number: **65-0707533**

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 **3532 CONRONADO DR.** Suite, Apt. #, etc. **405** City & State: **SARASOTA FL.** Zip: **34231** Country: **U.S.A.**

2a. Mailing Address: 26 Suite, Apt. #, etc. City & State: Zip: Country:

9. Name and Address of Current Registered Agent
MANTILLA, ARTILIO
1 SUNSET DR #604
SARASOTA FL 34236

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MANTILLA, ARTILIO D	
STREET ADDRESS	11 SUNSET DR. #604	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MANTILLA, EGLEE	
STREET ADDRESS	11 SUNSET DR. #604	
CITY-ST-ZIP	SARASOTA FL 34236	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	MANTILLA, ARLYN G	
STREET ADDRESS	3532 CONRONADO DR.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MANTILLA, ARLYING	
STREET ADDRESS	5076 LIVE OAK CIRCLE	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PICO, ALBERTO	
STREET ADDRESS	5076 LIVE OAK CIRCLE	
CITY-ST-ZIP	BRADENTON FL 34207	
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: _____ DATE: **104/29/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone: # **0554779**

CR2E034 (10/97)