


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

FILED  
May 21 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 # P96000075099 (7) 1. Corporation Name: IRONIC, INC.		



Principal Place of Business 4650 SW 51ST STREET DAVIE FL 33314	Mailing Address 4650 SW 51ST STREET DAVIE FL 33314
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/10/1996	
4. FEI Number 65-0692791		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
7. \$5.00 May Be Added to Fees					

9. Name and Address of Current Registered Agent CALVO, SERGIO O 30 WEST 59TH STREET HIALEAH FL 33012				10. Name and Address of New Registered Agent 81 Name MARIA V. CALVO 82 Street Address (P.O. Box Number is Not Acceptable) 4650 SW. 51 ST #705 83 84 City DAVIE FL 85 Zip Code 33314			
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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 *Haniel Calvo* (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	CALVO, SERGIO O	1.1 TITLE	PD	1.2 NAME	CALVO, MARIA V.
STREET ADDRESS	4650 S.W. 51ST, #705	1.3 STREET ADDRESS	4650 S.W. 51ST #705	1.4 CITY-ST-ZIP	DAVIE, FL 33314	2.1 TITLE	VP
CITY-ST-ZIP	DAVIE FL	2.2 NAME	CALVO, Sergio O.	2.3 STREET ADDRESS	4650 SW 51ST #705	2.4 CITY-ST-ZIP	DAVIE, FL 33314
TITLE	VD	NAME	CALVO, MARIA V	3.1 TITLE		3.2 NAME	
STREET ADDRESS	4650 S.W. 51 ST, #705	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	
CITY-ST-ZIP	DAVIE FL	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE		5.2 NAME		5.3 STREET ADDRESS	
NAME		5.4 CITY-ST-ZIP		6.1 TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP			
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 *Haniel Calvo* 4/17/98 33314

CR2E034 (10/97)