

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

FILED

Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000077673 (7)**

1. Corporation Name  
**ONE OF ONE MADE, INC.**

Principal Place of Business  
**4950 WESTWOOD LAKE DR.  
MIAMI FL 33165-6141**

Mailing Address  
**4950 WESTWOOD LAKE DR.  
MIAMI FL 33165-6141**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2223 TREEHAVEN Cn.</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>2223 TREEHAVEN Cn.</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>09/18/1996</b>	
22		27		4. FEI Number <b>65-0713635</b> Applied For <input type="checkbox"/> Not Applicable	
23 <b>Fort Myers, Florida</b> City & State Zip <b>33907</b> Country <b>USA</b>		28 <b>Fort Myers, Florida</b> City & State Zip <b>33907</b> Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 <b>33907</b>		25 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29 <b>33907</b>		30 <b>USA</b>		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	
9. Name and Address of Current Registered Agent <b>CASTILLO, CARLOS L 4950 WESTWOOD LAKE DR. MIAMI FL 33165-6141</b>				10. Name and Address of New Registered Agent 81 Name <b>Monalys del Castillo, Carlos L.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2223 TREEHAVEN Cn. #2</b> 83 84 City <b>Fort Myers</b> FL 85 Zip Code <b>33907</b>	

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 **Carlos L. Monalys del Castillo**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-12-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST CASTILLO, CARLOS L 4950 WESTWOOD LAKE DR. MIAMI FL 33165-6141</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>DPST Monalys del Castillo, Carlos L. 2223 TREEHAVEN Cn. Fort Myers, FL 33907</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**Carlos L. Monalys del Castillo**

**1-12-98 (54) 274-0052**

CR2E034 (10/97)