


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

**FILED**  
**Apr 16 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 # P96000077850 (1)**  
 1. Corporation Name  
**CABALLERO, INC.**

Principal Place of Business 3910 NW 25 ST MIAMI FL 33142 US	Mailing Address 3910 NW 25 ST MIAMI FL 33142 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4121 N.W. 25 ST.	26 4121 N.W. 25 ST.			09/18/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 A		27 A		65-0692425	
City & State		City & State		Applied For	
23 Miami, FL		28 Miami, FL		Not Applicable	
Zip		Zip		Country	
24 33142		29 33142		30 U.S.A.	
Country		Country		Country	
U.S.A.		U.S.A.		U.S.A.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CABALLERO, LEONARDO R 3910 NW 25TH ST. MIAMI FL 33142				81 Name Caballero, Leonardo R.			
				82 Street Address (P.O. Box Number is Not Acceptable) 4121 N.W. 25 ST.			
				83 Suite A.			
				84 City Miami			
				85 Zip Code 33142			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	CABALLERO, LEONARDO R	1.2 NAME	
STREET ADDRESS	4260 E. 8TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	CABALLERO, FLOR M	2.2 NAME	
STREET ADDRESS	4260 E. 8TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	CABALLERO, LEONARDO M V	3.2 NAME	
STREET ADDRESS	4260 E. 8TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	CABALLERO, GIOVANNY F	4.2 NAME	
STREET ADDRESS	4260 E. 8TH CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33013	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Leonardo R. Caballero* **FILED** 04/16/98 (305)871-1919

CFR2E034 (10/97)