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

PROFIT CORPORATION ANNUAL REPORT

1998

Suite, Apt. #, etc.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082273 (9)

ASYL HOLDINGS, INC.					
Principal Place of Business	Mailing Address				
1400-A SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE MIAMI FL 33131	1400-A SUNTRUST INTERNATIONAL CENTER ONE SOUTHEAST THIRD AVENUE MIAMI FL 33131				
2. Principal Place of Business	2a. Mailing Address				
2. Principal riace of Business	26				

Suite, Apt. #, etc.

FILED Mar 25 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Applied For

\$8.75 Additional

Not Applicable

10/03/1996 4. FEI Number

65-0717369

5. Certificate of Status Desired

241			[27]						100110	4000			
23	City & State	28					Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t				
L	Zip	Country	Zip	<u></u>	Country		8. This corporation owes or has paid	d the curr	ent year Int	angible			
24		25 29 30				Personal Property Tax due June 30.  Yes No							
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent  81 Name							
	CORPOLITE CORPORATION 1400-A SUNTRUST INTERNATIONAL CENTER					Name							
Ì						Stroot 6	Address (P.O. Box Number is Not Acceptable	6)			┨		
ONE SOUTHEAST THIRD AVENUE					82	0110017	Todaless (1.0. Box Holling) is Not Acceptable	ν,					
MIAMI FL 33131				83						1			
									T 1 2		4		
					84	City		FL	85 Zip (	ode			
11	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.												
SIC	SIGNATURE Signature typoti or printed name of repetitived agent and tilled applicable (NOTE: Registered Agent signature required when reinstating)  DATE												
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	'-ST-ZIP				6.4 CITY-ST						]		
14.	I hereby certify	that the information suppli	ed with this filing does	not qualify for the	e exempt	ion stated	d in Section 119.07(3)(i), Florida Statutes. I fi	urther cert	ify that the	Information	1		

i. Thereby 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 eath; 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.

11 - 1 6 1998 (200) 2000 000