

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

FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087031 (6)  
1. Corporation Name  
PRESTIGE INVESTORS CORPORATION



Principal Place of Business 95 N.E. 41ST STREET APT. 165-L OAKLAND PARK FL 33334	Mailing Address 95 N.E. 41ST STREET APT. 165-L OAKLAND PARK FL 33334
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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 10/21/1996	
4. FEI Number 65-0719442		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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

MOLINA, MIGUEL A  
95 N.E. 41ST STREET  
APT. 165-L  
OAKLAND PARK FL 33334

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GD <input type="checkbox"/> DELETE	1.1 TITLE	CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOMINGUEZ, LUIS	1.2 NAME	Luis Dominguez
STREET ADDRESS	95 NE 41ST ST	1.3 STREET ADDRESS	330 NE 45 ST
CITY-ST-ZIP	OAKLAND PARK FL	1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33334
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINS, MIGUEL A	2.2 NAME	miguel molina
STREET ADDRESS	95 NE 41ST ST #165-L	2.3 STREET ADDRESS	95 NE 41 ST #165-L
CITY-ST-ZIP	OAKLAND PARK FL	2.4 CITY-ST-ZIP	OAKLAND PARK FL 33334
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ROBIN	3.2 NAME	Robert Gonzalez
STREET ADDRESS	20776 SW 104TH CT	3.3 STREET ADDRESS	20776 SW 104 CT
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33186
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, RICHARD	4.2 NAME	
STREET ADDRESS	14285 SW 288TH	4.3 STREET ADDRESS	
CITY-ST-ZIP	LESURE CITY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERCADO, RAMON	5.2 NAME	Ramon Mercado
STREET ADDRESS	14400 SW 293RD ST	5.3 STREET ADDRESS	14400 SW 293 ST
CITY-ST-ZIP	LESURE CITY FL	5.4 CITY-ST-ZIP	Leisure City, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 \_\_\_\_\_ DATE 5-11-98 954

CR2E034 (10/97)