

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090162'
1. Corporation Name

ASSOCIATED COMPOSITES, INC.

Principal Place of Business 8555 NW 64 STREET MIAMI, FLORIDA 33166	Mailing Address 757 SE 17TH STREET SUITE 141 FT LAUDERDALE, FL 33316
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/01/96	4. FEI Number 65-0705168	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" 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
CHRISTY HERTZ
ONE BAYFRONT PLAZA
SUITE 1101
100 BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131

10. Name and Address of New Registered Agent
81 Name VICTOR MENDELSON
82 Street Address (P.O. Box Number is Not Acceptable)
3000 TAFT STREET
83
84 City HOLLYWOOD FL 85 Zip Code 33021

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 11/6/98
(NOTE: Registered Agent signature required when reinstating)

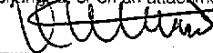
12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARD COLLINS 757 SE 17TH STREET FORT LAUDERDALE, FL 33316 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P RAMON PORTELA 8555 NW 64 STREET, SUITE 141 MIAMI, FL 33166 <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V VICTOR H. MENDELSON 3000 TAFT STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T/D THOMAS S. IRWIN 3000 TAFT STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	S ELIZABETH R. LETENDRE 3000 TAFT STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	AS JUDITH VETTER 3000 TAFT STREET HOLLYWOOD, FL 33021 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:  DATE 11/6/98 (30)374-1748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
98 NOV 10 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (10/97)