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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095988 (7)

CONDAL & PENAMIL HOUSE INC.

Block 12 or Block 13 if changed, or or

Principal Place of Business Mailing Address 741-743 LINCOLN ROAD 741-743 LINCOLN ROAD MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/25/1996 65-078539 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6, Election Campaign Financing 23 Trust Fund Contribution Added to Fees Žiρ Country Country Z(0)8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PENADAD, ALVARO Q 741-743 LINCOLN ROAD Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 Zip Code 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** Signature, typed or printed hatric of registered agent and title diapple able. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE D Change Addition A NAME PENABAD, ALVARÓ Q 1.2 NAME Zamorano-Saenz, Francisco Javier 741-743 LINCOLN ROAD 741-743 Lincoln Road STREET ADDRESS 1.3 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP 1.4 CITY-ST-ZIP Miami Beach, Florida DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CiTY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADORESS 6.9 STREET ADDRESS CITY-ST-2IP 6.4 C/TY - ST - Z/P 14. Thereby certify that the information supplied wiindicated on this annual report or supplymental officer or director of the corporation or the reco is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information had report is true and necessary and that my signature shall have the same legal effect as if made under oath; that I am an or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

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FILED

May 21 1998 8:00am

Secretary of State