

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

FILED

May 18 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 # **P96000103628 (9)**

1. Corporation Name

319 CARRIAGE HOUSE, INC.



Principal Place of Business

**200 S BISCAYNE BLVD
SUITE 2410
MIAMI FL 33131**

Mailing Address

**200 S BISCAYNE BLVD
SUITE 2410
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 420 Lincoln Road Suite, Apt. #, etc.	26 420 Lincoln Road Suite, Apt. #, etc.
22 Suite 432 City & State	27 Suite 432 City & State
23 Miami Beach, FL Zip	28 Miami Beach, FL Zip
24 33139 Country	29 U.S.A. Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified 12/24/1996	4. FEI Number 65-0721688 65-0715857	Applied For <input type="checkbox"/> 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

**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name PLC Investments, Inc.	85 Zip Code 33139
82 Street Address (P.O. Box Number is Not Acceptable) 420 Lincoln Road	
83 Suite 432	
84 City Miami Beach, 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

Hilda C. Montero, Secretary

4/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	President, Secretary, Director
STREET ADDRESS		1.3 STREET ADDRESS	Hilda C. Montero
CITY - ST - ZIP		1.4 CITY - ST - ZIP	420 Lincoln Road, Suite 432
			Miami Beach, Florida 33139
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Director
STREET ADDRESS		2.3 STREET ADDRESS	Pablo L. Cejas
CITY - ST - ZIP		2.4 CITY - ST - ZIP	420 Lincoln Road, Suite 432
			Miami Beach, Florida 33139
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Director
STREET ADDRESS		3.3 STREET ADDRESS	Julie L. Neitzel
CITY - ST - ZIP		3.4 CITY - ST - ZIP	420 Lincoln Road, Suite 432
			Miami Beach, Florida 33139
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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.

319 Carriage House, Ltd. By 319 Carriage House, Inc.

SIGNATURE:

Hilda C. Montero

4/28/98

255-531-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0198747

CR2E034 (10/97)