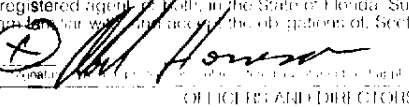
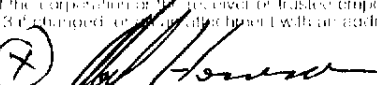


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000004756 1. Corporation Name J A CARPENTRY, CORP			
Principal Place of Business 19723 SW 103 CT, MIAMI FL 33157		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 19723 SW 103 CT, Suite, Apt. #, etc 22 City & State 23 MIAMI FL Zip 24 33157 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent LEONARDO O MACIAS 11492 QUAIL ROOST DR. MIAMI, FL 33157		10. Name and Address of New Registered Agent	
11. Pursuant to the provisions of Sections 607.0542 and 607.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to 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 not aware of any other provisions of Section 607.0595, Florida Statutes.		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
SIGNATURE  Name: Leonardo O Macias Title: Registered Agent		DATE: 4/27/98	
12. OFFICERS AND DIRECTORS TITLE: PTS NAME: Abel Herrera STREET ADDRESS: 19723 SW 103 CT CITY-ST-ZIP: MIAMI FL 33157 [] DELETE TITLE: [] DELETE NAME: [] DELETE STREET ADDRESS: [] DELETE CITY-ST-ZIP: [] DELETE TITLE: [] DELETE NAME: [] DELETE STREET ADDRESS: [] DELETE CITY-ST-ZIP: [] DELETE TITLE: [] DELETE NAME: [] DELETE STREET ADDRESS: [] DELETE CITY-ST-ZIP: [] DELETE TITLE: [] DELETE NAME: [] DELETE STREET ADDRESS: [] DELETE CITY-ST-ZIP: [] DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE [] Change [] Addition 12 NAME [] Change [] Addition 13 STREET ADDRESS [] Change [] Addition 14 CITY-ST-ZIP [] Change [] Addition 21 TITLE [] Change [] Addition 22 NAME [] Change [] Addition 23 STREET ADDRESS [] Change [] Addition 24 CITY-ST-ZIP [] Change [] Addition 31 TITLE [] Change [] Addition 32 NAME [] Change [] Addition 33 STREET ADDRESS [] Change [] Addition 34 CITY-ST-ZIP [] Change [] Addition 41 TITLE [] Change [] Addition 42 NAME [] Change [] Addition 43 STREET ADDRESS [] Change [] Addition 44 CITY-ST-ZIP [] Change [] Addition 51 TITLE [] Change [] Addition 52 NAME [] Change [] Addition 53 STREET ADDRESS [] Change [] Addition 54 CITY-ST-ZIP [] Change [] Addition 61 TITLE [] Change [] Addition 62 NAME [] Change [] Addition 63 STREET ADDRESS [] Change [] Addition 64 CITY-ST-ZIP [] Change [] 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 in an attachment with an address.		400002527094 -05/18/98--01053--004 ***150.00	
SIGNATURE  Name: Abel Herrera Title: Officer or Director		DATE: 4/27/98 Daytime Phone: 305-233-4727	

CR2E034 (10/97)