

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

FILED
Mar 13 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 # P97000005561 (0)

1. Corporation Name
4601-A, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **291 S.W. 27TH AVENUE 2ND FLOOR MIAMI FL 33135**
 Mailing Address: **291 S.W. 27TH AVENUE 2ND FLOOR MIAMI FL 33135**

3. Date Incorporated or Qualified
01/21/1997

2. Principal Place of Business
 21 **4601 NW 199 Street**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **4601 NW 199 Street**
 Suite, Apt. #, etc.

4. FEI Number
65-0721110
 Applied For
 Not Applicable

22 City & State
 23 **MIAMI, FL**

27 City & State
 28 **MIAMI, FL**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip **33055** Country **DADE**

28 Zip **33055** Country **DADE**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33055** 25 **DADE** 29 **33055** 30 **DADE**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOSTCHIN, GUILLERMO
291 S.W. 27TH AVENUE
2ND FLOOR
MIAMI FL 33135

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BORROTO, ANIBAL	
STREET ADDRESS	7055 WEST 12TH AVENUE, APARTMENT 22	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	FERRER, ROSA	
STREET ADDRESS	7055 WEST 12TH AVENUE, APARTMENT 22	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: _____ **02/26/98 (305) 628-2427**

CP2E034 (10/97)