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

P97000007310 (0) DOCUMENT #

Principal Place of Business Mailing Address 7895 SOUTHWEST 100 STREET 7895 SOUTHWEST 100 STREET MIAMI FL 33156 MIAMI FL 33156

FILED Feb 11 1998 8:00am Secretary of State

CICALESE CUSTOM BUILDERS, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/24/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0724126 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible □Ño Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent AMERILAWYER CHARTERED 81 -843 ALMERIA AVENUE 82 **CORAL GABLES FL-83134** 83 84 City 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. Hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. TOHN T-CICALESE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. PSTD DELETE Change TITLE 1.1 TITLE Addition CICALESE, JOHN T NAME 1.2 NAME CR2E034 7895 SOUTHWEST 100 STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33156** CITY-ST-ZIP 1.4 CITY - ST - ZIP 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 TITLE DELETE 4.1 TULE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE Change 5.1 TITLE ___ Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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.