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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretar₹ of State DIVISION OF CORPORATIONS

DOCUMENT # P97000008400 (8) APPRUYE! AND

98 NOV 25 PM 5: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

UGALDE ENTERPRISES, INC.			
Principal Place of Business	Mailing Address		
3560-A DELOACH STREET PENSACOLA FL 32514	3560-A DELOACH STREET PENSACOLA FL 32514		REINSTATEMENT 98
		made as	Date Incorporated or Qualified 01/23/1997
Principal Place of Business	2a. Mailing Address 26 POBOX 10070		4. FEI Number Applied For 59 - 34 70 72 4 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #. etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	City & State 28 PENSACCLA, F	<u>ا</u>	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country 24 25	29 32524 30 E	intry SCAMB	A 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No
Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent
CALDERON, MARIA		81 Name	
3560-A DELOACH STREET		82 Stree	Address (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32514			
		83	İ
		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.

Calderon Havia SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES 13. PD DELETE TITLE 1.1 TITLE Change Addition UGALDE, THELMA 400002706434---12/09/98--01001--018 NAME 1.2 NAME 3560-A DELOACH STREET 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA FL 32514 ****750 00 Change Addit CITY-ST-ZIP 1.4 CITY-ST-ZIP ****750,00 DELETE Change 2.1 TITLE TITLE LOPEZ, DAFNE 2.2 NAME NAME 3560-A DELOACH STREET STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 32514 CITY-ST-ZIP 2. 4 CITY - ST - ZIP Addition DELETE Change TITLE 3.1 TITLE CALDERON, MARIA NAME 3.2 NAME 3560-A DELOACH STREET STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL 32514 3.4. CITY - ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition: TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST - ZIP 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:

Hadan Calder 4 EQUIRED

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850) 4766004