

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

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98 APR 29 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # *997000010618*

1. Corporation Name
FERCON FLORIDA, INC.

Principal Place of Business Mailing Address

**1221 BRICKELL AVENUE
MIAMI, FL 33131**

**c/o Greenberg Traurig
Paulo C. Miranda, Esq.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/03/97

2. Principal Place of Business	2a. Mailing Address
21 5000 North Lake Boulevard	26 5000 North Lake Boulevard
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Palm Beach Gardens, FL	28 Palm Beach Gardens, FL
24 33418	29 33418
25 USA	30 USA

4. FET Number	Applied For
65-0753453	Not Applicable
5. Certificate of Status Desired	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**Paulo C. Miranda
Greenberg, Traurig et al.
1221 Brickell Avenue
Miami, FL 33131**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
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. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Paulo C. Miranda* DATE: **4/21/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	David Spilberg	
STREET ADDRESS	Avenida Delfim Moreira 54, Apt.101	
CITY-ST-ZIP	Rio de Janeiro, Brazil	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Zina Spilberg	
STREET ADDRESS	Avenida Delfim Moreira 54, Apt.101	
CITY-ST-ZIP	Rio de Janeiro, Brazil	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	David Spilberg	
13 STREET ADDRESS	5000 North Lake Boulevard	
14 CITY-ST-ZIP	Palm Beach Gardens, Florida	
21 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Zina Spilberg	
23 STREET ADDRESS	5000 North Lake Boulevard	
24 CITY-ST-ZIP	Palm Beach Gardens, Florida	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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*54
4-29-98*

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 registered 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 attached statement with address.

SIGNATURE: *David Spilberg* SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: *4-29-98* DATE

TELEPHONE NUMBER: *54 4-29-98* TELEPHONE NUMBER

CR2E034 (10/97)