

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mertham Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000015077 (5)
 1. Corporation Name
TRG NAPLES, INC.



Principal Place of Business: **2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145**
 Mailing Address: **2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1997	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0730848	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

HERNANDEZ, ANGEL A
2828 CORAL WAY PENTHOUSE SUITE MIAMI FL 33145

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	D <input type="checkbox"/> DELETE	1.1 TITLE	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, JORGE M	1.2 NAME	
STREET ADDRESS	2828 CORAL WAY, PENTHOUSE SUITE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33145	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Rocha, Roberto
STREET ADDRESS		2.3 STREET ADDRESS	2828 Coral Way PH
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33145
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP, AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Hernandez, Angel
STREET ADDRESS		3.3 STREET ADDRESS	2828 Coral Way PH
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33145
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Chesnick, Andrew
STREET ADDRESS		4.3 STREET ADDRESS	2828 Coral Way PH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33145
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attached consent with an address.

SIGNATURE: _____ **2/19/98 (205) 460 9900**

CR2E034 (10/97)