


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

FILED
Jun 22 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 # P97000024630 (0) 1. Corporation Name T.B.I.F. II, INC.		

Principal Place of Business 2613 E SUNRISE BLVD FORT LAUDERDALE FL 33304	Mailing Address 2613 E SUNRISE BLVD FORT LAUDERDALE FL 33304
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2. Principal Place of Business 21 3197 N. UNIVERSITY DR. Suite, Apt. #, etc. 22 City & State 23 SUNRISE, FL. Zip Country 24 33351-6715 25 BROWARD	2a. Mailing Address 26 3197 N. UNIVERSITY DR. Suite, Apt. #, etc. 27 City & State 28 SUNRISE, FL. Zip Country 29 33351-6715 30 BROWARD
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9. Name and Address of Current Registered Agent FOGEL, MITCHELL C 2499 GLADES ROAD SUITE 105 BOCA RATON FL 33431	
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 03/18/1997	
4. FEI Number 65-0736092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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	
10. Name and Address of New Registered Agent	

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINS, RUI	1.2 NAME	
STREET ADDRESS	2613 E SUNRISE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D. P. S. T. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, SURUGNARINE	2.2 NAME	SINGH, SURUGNARINE
STREET ADDRESS	2613 E SUNRISE BLVD	2.3 STREET ADDRESS	3197 N. UNIVERSITY DRIVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	SUNRISE, FL. 33351
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	000002568260
STREET ADDRESS		6.3 STREET ADDRESS	-06/22/98 - 01104--025
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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 in an attachment with an address.

SIGNATURE _____

CR2E034 (10/97)