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May 07 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 # P97000031807
1. Corporation Name

STRATA CORP.

Principal Place of Business Mailing Address
1401 S.E. 17TH STREET 1401 S.E. 17TH STREET
FT LAUDERDALE, FL 33316 FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/08/97

2. Principal Place of Business 21 983 N. NOB HILL RD. Suite, Apt. #, etc. 22 City & State 23 PLANTATION, FL Zip 24 33324	2a. Mailing Address 26 983 N. NOB HILL RD. Suite, Apt. #, etc. 27 City & State 28 PLANTATION, FL Zip 29 33324	4. FEI Number 65-0745464 Applied For 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
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HATCH, IRA C.
1401 S.E. 17TH STREET
FT. LAUDERDALE, FL 33316

81 Name MARULANDA, CARLOS A. 82 Street Address (P.O. Box Number is Not Acceptable) 983 N. NOB HILL RD. 83 84 City PLANTATION 85 Zip Code FL 33324

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

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE
Carlos Marulanda V.P. 04-28-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	NAME	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DO
STREET ADDRESS	CITY-ST-ZIP	1.2 NAME	MARULANDA, CARLOS A.
TITLE <input type="checkbox"/> DELETE	NAME	1.3 STREET ADDRESS	983 N. NOB HILL RD.
STREET ADDRESS	CITY-ST-ZIP	1.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DO
STREET ADDRESS	CITY-ST-ZIP	2.2 NAME	MARULANDA, PABLO A.
TITLE <input type="checkbox"/> DELETE	NAME	2.3 STREET ADDRESS	983 N. NOB HILL RD.
STREET ADDRESS	CITY-ST-ZIP	2.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DO
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME	MARULANDA, CESAR A.
TITLE <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS	983 N. NOB HILL RD.
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE <input type="checkbox"/> DELETE	NAME	6.3 STREET ADDRESS	
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 attachment with an address.

SIGNATURE: Carlos Marulanda V.P. 04-28-98

CR2E034 (10/97)