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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

May 15 1998 8:00am

Secretary of State

DOCUMENT # P97000033863 (6)

CALEDONIA CORPORATION

Principal Place of Business Mailing Address 701 BRICKELL AVENUE 701 BRICKELL AVENUE **SUITE 3130 SUITE 3130** DO NOT WRITE IN THIS SPACE MIAMI F: 33131 MIAMI F: 33131 3. Date Incorporated or Qualified 04/15/1997 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 65-0763453 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Žip Country 8. This corporation owes or has paid the current year Intaggible Personal Property Tax due June 30. K! Yes 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KNIGHT, JEFFERSON P 701 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) **SUITE 1200** 63 **MIAMI FL 33131** Zip Code 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 Signature, typed or printed name of registered agent and title if applicative (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE MARTINEZ, MANUEL 1.2 NAME NAME 701 BRICKELL AVENUE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-\$1-ZIP Change __ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information contains 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supple indicated on this annual report or supple officer or director of the corporation or Block 12 or Block 13 if changed, or g in attachment with an address.

6.4 City-St-ZiP

62 NAME **6.3 STREET ADDRESS**

NAME

STREET ADDRESS

CITY-ST-ZIP