


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

FILED  
Jan 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000049610 (3)

1. Corporation Name  
CHUDEM, INC.



Principal Place of Business  
814 PONCE DE LEON BLVD. SUITE 410  
CORAL GABLES FL 33134

Mailing Address  
814 PONCE DE LEON BLVD. SUITE 410  
CORAL GABLES FL 33134

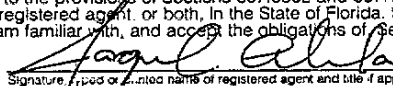
2445 LAKE PANCOAST DRIVE # F ← SAME  
MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2445 LAKE PANCOAST DR SUITE F		26 2445 LAKE PANCOAST DR		06/05/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite F		27 SUITE F		65-0759363	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI BEACH FL		28 MIAMI BEACH, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 33140	25 USA	29 33140	30 USA		

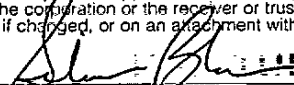
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ALMENDARES, JACQUELINE 814 PONCE DE LEON BLVD, SUITE 410 CORAL GABLES FL 33134		81 Name JACQUELINE ALMENDARES	
		82 Street Address (P.O. Box Number is Not Acceptable) 2445 LAKE PANCOAST DRIVE	
		83 SUITE F	
		84 City MIAMI BEACH FL 85 Zip Code 33140	

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  DATE 1-9-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLANCO, SILVIA	1.2 NAME	JACQUELINE ALMENDARES
STREET ADDRESS	814 PONCE DE LEON BLVD, SUITE 410	1.3 STREET ADDRESS	2445 LAKE PANCOAST DRIVE SUITE F
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	MARLEN ELIAS
STREET ADDRESS		2.3 STREET ADDRESS	2445 LAKE PANCOAST DRIVE SUITE F
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SILVIA BLANCO/SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	2445 LAKE PANCOAST DRIVE SUITE F
STREET ADDRESS		3.3 STREET ADDRESS	MIAMI BEACH, FL 33140
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	
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 attachment with an address.

SIGNATURE:  SIGNATURE REQUIRED

1-9-98

CR2E034 (10/97)