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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 11 1998 8:00am

Secretary of State

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

06/11/1997

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

65-0765277

4/29/50

(3er) 858-63 Ps

FEI Number

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051711 (4)

STERLING ONE INVESTMENTS, INC.

Country

Principal Place of Business Mailing Address

2520 SW 22 STREET
SUITE 2308
SUITE 2308
MIAM! FL 33145
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

Country

2a. Mailing Address

Cily & State

27

28

Suite, Apt. #, etc.

Yes 24 25 29 30 Personal Property Tax due June 30. ∏ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 MARTINEZ, CARLOS 2520 SW 22 STREET Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 2308** 83 **MIAMI FL 33145** 84 City Zip Code 85 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. Carles M. moriner **SIGNATURE** ature, typed or printed name of registery Lagarit and title if apply at (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TITLE DIAZ, PLACIDO 1.2 NAME NAME **520 BEACOM BLVD** STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33135** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MARTINEZ, CARLOS NAME 2.2 NAME 331 SW 20 ROAD STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33145** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 7(1).8 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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.