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**

DOCUMENT # P97000052635 (4)

ERIGA CORPORATION

Principal Place of Business	Mailing Address	
701 BRICKELL AVENUE SUITE 9000 MIAMI FL 33131	701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131	
		3
2. Principal Place of Business	2a. Mailing Address	
n l	26	

FILED Mar 18 1998 8:00am Secretary of State

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l '	ELL AVENUE		701 BRICKELL AVENUE SUITE 3000	:					
MIAMI FL	33131		MIAMI FL 33131				DO NOT WRITE IN T	HIS SPAC	E
-							3. Date Incorporated or Qualified		
							06/13/1997		
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Applied For
	21 26						65.0761414		Not Applicable
Suite, A	Suite, Apt. #, etc. Suite, Apt. #, 1						5. Certificate of Status Desired		3.75 Additional Fee Required
City & S 23	tate		City & State				6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	25	Country	Zip 29	Count	ry		This corporation owes or has paid the Personal Property Tax due June 30.	current y	
		Address of Current F		100			10. Name and Address of New Registe		
1	NTRACTATE REG	ISTERED AGENT CO	ARPORATION.	8	1 Na	ame			
J	01 BRICKELL AV		of Charles		A 01		70 0 p 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	SUITE 3000	LITOL		l ⁸	2 Str	reet Addres	ss (P.O. Box Number is Not Acceptable)		
	MIAMI FL 33131			8	3				
				8	4 Cit	ty	·	FL 85	Zip Code
11. Pursua	nt to the provisions	of Sections 607.0502 a	ind 607, 1508. Florida Statu	utes, the abo	ve-nai	med corpo	oration submits this statement for the purpo		naina its registered
office of	or registered agent,	or both, in the State of	Florida. Such change was	authorized	by the	corporatio	on's board of directors. I hereby accept the	appointm	ent as registered
1		по ассерт тв овнувно	ons of, Section 607.0505, F	Torida Sialui	es.				i
SIGNATUR	Signature, lyped or type	ited name of registered agent a	no title il epplicable (NC	TF: Registered A	gent sko	nature required	d when reinstating)	TF	
12.	anguard types of part	OFFICERS AND D		13.	90	1040100	ADDITIONS/CHANGES TO OFFICERS		ECTORS IN 12
TITLE	PRESIDE	VT	☐ DELETE	1.1 TITLE		P			hange Addition
NAME	COUNT	ABADI		1.2 NAM	E	Co	rina Ab a di		
STREET ADDRES	S R	COLOMBIA	5.1	1.3 STR	ET ADOR			3000	
CITY+ST-ZIP				1.4 CITY		MY	1 Brickell Avenue, Ste.		
TITLE	VICE PRO	SIDENT & TRE	NSURER DELETE	2.1 TITLE		VP-	- T	L.J C	hange Addition
NAME	RAPHAE	L MATALON	/	2.2 NAM	E	Ran	phael Matalon		
STREET ADDRES	s S		- 1	2.3 STRE	et addr		1 Brickell Avenue, Ste.	3000	
CITY-ST-ZIP	B0601.	A COLOMB	in S. H.	2.4 CITY	- ST- ZIP	Mia	ami, FL 33131		(N/A)
TITLE	RICHARA	ARANI	IN S. A. DELETE	3.1 TITLE		- 1	chard Abadi		haine Addition
NAME	1 1-10-7	aa.,		3.2 NAM	E				
STREET ADDRES	S R	A COLUMB	· · · ·	3.3 STRE	ET ADDR		1 Brickell Avenue, Ste.	3000	011
CITY-ST-ZIP	DOGOT	A COLUMB	1A 3.4.	3.4. CITY	-ST-ZIP	Mia	ami, FL 33131		(NA)
TITLE			☐ DELETE	4.1 TITLE				□ c	hange
NAME				4. 2 NAV	l£				
STREET ADDRES	is			4.3 STRE	et addr	RESS			J
CITY-ST-ZIP				4.4 CITY	ST-ZIP		<u></u>		
TITLE			DELETE	5.1 TITLE		T		□ C	hange Addition
NAME				5.2 NAM	Ξ				2
STREET ADDRES	s			5.3 STRE	et addr	ess			ころい
CITY-ST-ZIP				5.4 CiTY	ST-ZIP				2.18
TITLE			DELETE	6.1 TITLE		T		☐ CI	
NAME				6.2 NAM					
STREET ADDRES	s			6.3 STRE	et addr	ESS			D0 08/50
CITY-ST-ZIP				6.4 CITY	ST-ZIP	_			TAVAID()

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 eath; 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 13 if charged, or on an attachment with an address.