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

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FILED PROFIT FLORIDA DEPARTMENT OF STATE Apr 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P97000057046 (9) **DOCUMENT #** CONPART, INC. Mailing Address Principal Place of Business 1719 N.W. 79TH AVE. 1719 N.W. 79TH AVE. MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 151 MAJORCA AVE. *65-0*79727 Not Applicable 1719 NW 21 \$8.75 Additional Suite Apt. #. etc. Suite, Apt. #, etc Z 5. Certificate of Status Desired SIE C Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 6ABLES CORAL Trust Fund Contribution Added to Fees 23 8. This corporation owes or has paid the current year Intangible Zıp Country 33134 USA Yes USA Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PRATS, GABRIEL 151 MAJORCA AVE. STE.C Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 84 City Zip Code 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 (NOTE Hogistered Agent signature required when reinstating) Signature, typed or pointed narror of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition PSI DELETE 1.1 TITLE Change TITLE FILHO, ADALBERTO B 1.2 NAME NAME 1719 N.W. 79TH AVE. 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** 1.4 CfTY-ST-ZiP CITY-ST-7IP Change Addition DELETE 21 TITEF TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Addition DELETE Change 3 I TITLE TITLE

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 suppliemental 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.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

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6.2 NAME

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3.3 STREET ADDRESS

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5.3 STREET ADDRESS 54 CITY-ST-ZIP

6.3 STREET ADDRESS

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3.4. CITY-ST-ZIP

SIGNATURE: