

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

FILED
Apr 10 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 # P97000058176 (3)

1. Corporation Name
OLAF CORP.

Principal Place of Business

2440 CORAL WAY
MIAMI FL 33145

Mailing Address

2440 CORAL WAY
MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 446 ARAGON AVE	26 SAME	07/02/1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
23 Coral Gables Fl	28 City & State	65-0771172
24 Zip 33134	29 Country Dade	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PINO, RAUL F ESO 2440 CORAL WAY MIAMI FL 33145	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 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

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
NAME	1.2 NAME
STREET ADDRESS	1.3 STREET ADDRESS
CITY - ST - ZIP	1.4 CITY - ST - ZIP
PVST	2.1 TITLE
RUBIO, LINDA	2.2 NAME
446 ARAGON AVE	2.3 STREET ADDRESS
CORAL GABLES FL 33134	2.4 CITY - ST - ZIP
D	3.1 TITLE
RUBIO, LINDA	3.2 NAME
446 ARAGON AVE	3.3 STREET ADDRESS
CORAL GABLES FL 33134	3.4 CITY - ST - ZIP
	4.1 TITLE
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY - ST - ZIP
	5.1 TITLE
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY - ST - ZIP
	6.1 TITLE
	6.2 NAME
	6.3 STREET ADDRESS
	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: Linda J. Rubio President 3/20/98

CR2E034 (10/97)