
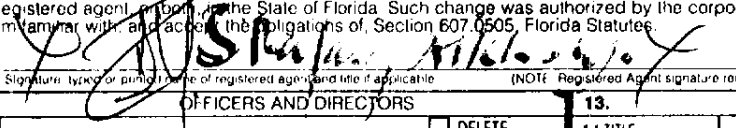


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 13 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT</b> <b>1997/1998</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P97000058204 1. Corporation Name <b>NATIONAL ALL FAITH FUNERALS, INC.</b>					
Principal Place of Business <b>1444 FEDERAL HWY.</b> <b>DEERFIELD BEACH, FL. 33441</b>			Mailing Address		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06-30-97</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report	
22 City & State		27 City & State		4. FEI Number <b>#59-3463803</b>	
23 Zip		28 Zip		Applied For Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name <b>RAFAEL UBIETA, ESQ.</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>6555 NW 36th Street</b>		
			83 <b>Suite 302</b>		
			84 City <b>Miami</b> FL 85 Zip Code <b>33166</b>		
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, in 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 <b>4/30/98</b>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>S. RAFAEL ALKHALIFA</b>					
1.3 STREET ADDRESS <b>1444 FEDERAL HWY</b>					
1.4 CITY-ST-ZIP <b>DEERFIELD BEACH, FL-33441</b>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME <b>400002525594</b>					
5.3 STREET ADDRESS <b>65715/98 01080-002</b>					
5.4 CITY-ST-ZIP <b>***150.00</b>					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I do 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 

CP2E034 (9/96)

3/13