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FILED
May 11 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 # **P97000070546 (1)**

1. Corporation Name

OWNER TO OWNER SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9735 FOUNTAINBLEAU BLVD. UNIT 307 MIAMI FL 33172		Mailing Address 9735 FOUNTAINBLEAU BLVD. UNIT 307 MIAMI FL 33172	
2. Principal Place of Business 21 11365 N.W. 52 Lane Suite, Apt. #, etc. 22		2a. Mailing Address 26 11365 N.W. 52 Lane Suite, Apt. #, etc. 27	
City & State 23 Miami, FL Zip 24 33178		City & State 28 Miami, FL Zip 29 33178	
Country 25		Country 30	
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 349 ALMERIA AVENUE CORAL GABLES FL 33134			
10. Name and Address of New Registered Agent 81 Name Jorge Castellanos 82 Street Address (P.O. Box Number is Not Acceptable) 11365 N.W. 52 Lane 83 84 City Miami 85 Zip Code FL 33178			

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	PSTD	1.1 TITLE	PSTD
NAME	CASTELLANOS, JORGE	1.2 NAME	Castellanos, Jorge
STREET ADDRESS	9735 FOUNTAINBLEAU BLVD.	1.3 STREET ADDRESS	11365 N.W. 52 Lane. Miami, FL
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	33178
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

4/30/98 (305)392-5348

CR2E034 (10/97)