

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

FILED
Feb 05, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



02-05-1999 90021 033 ****150.00

DOCUMENT # **P97000091781**
 Corporation Name
CORAL WAY ASSOCIATES, INC.



Principal Place of Business Mailing Address
CORAL WAY **1385 CORAL WAY 3FL**
MIAMI FL 33145 **MIAMI FL 33145**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 2a. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Country Zip Country

3. Date Incorporated or Qualified
10/24/1997
 4. FEI Number **65-0789987**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
HERNANDEZ, RAFAEL M.
1385 CORAL WAY 3FL
MIAMI FL 33145

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 85 Zip Code **FL**

I, the undersigned, being duly qualified, certify that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that the above-named corporation submits this statement for the purpose of changing its registered agent 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

OFFICERS AND DIRECTORS		
<input type="checkbox"/> DELETE	D HERNANDEZ, RAFAEL M 1385 CORAL WAY 3FL MIAMI FL 33145	
<input type="checkbox"/> DELETE	D PEREZ, JORGE L. 1385 CORAL WAY 3FL MIAMI FL 33145	
<input type="checkbox"/> DELETE	D HERNANDEZ, RAFAEL 1385 CORAL WAY 3FL MIAMI FL 33145	
<input type="checkbox"/> DELETE	D SABATES, MARIO 1385 CORAL WAY 3FL MIAMI FL 33145	
<input type="checkbox"/> DELETE		
<input type="checkbox"/> DELETE		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
	6.2 NAME	
	6.3 STREET ADDRESS	
	6.4 CITY-ST-ZIP	

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 stated 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 Date
 305 854-3307 Daytime Phone #

CR2E034 (11/98)