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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998

FILED May 07 1998 8:00am Secretary of State

ESTATE SALES, INC,			
rincipal Place of Business	Maiting Address		T (BELIABEL 110 TELLE IEBDII BRIIN BOULD BRIIN BOULD BRIED IBLE TRANS OP 19 LOUD 1015 1001
3400 n.e. 192nd St Suite 1112 Aventura fl 33180	3400 N.E. 192ND ST Suite 1112 Aventura Fl. 33180	1	DO NOT WRITE IN THIS SPACE
			3. Date Incorporated or Qualified 11/18/1997
Principal Place of Business	2a. Mailing Address 26	_	4. FEI Number 65-6797434 Applied For Not Applicable
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country	29 30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent
AMERILAWYER 343 ALMERIA AVENUE		81 Name 82 Street Addr	MARTY MARTE ress (P.O. Box Number is Not Acceptable)
CORAL GABLES FL 33134		83 City A	SHOO NE 1925+#1/12

 Pursuant to the office or registe agent. I am fan B. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to change was authorized by the corporation's board of directors. I hereby accept the appointment as registered to 607.0505, Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE MARTEL, ROBERTA 1.2 NAME MAME 3400 N.E. 192ND ST 1.3 STREET ADDRESS STREET ADDRESS **AVENTURA FL 33180** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ 2.1 THTLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TIFLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C(TY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-S1-24P 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME

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 1

6.3 STREET ADDRESS

STREET ADDRESS

4VV-38.