


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

FILED

Feb 19 1998 8:00am
Secretary of State

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

DOCUMENT # **P97000099439 (6)**

1. Corporation Name
CRB TRUST CORP.



Principal Place of Business 900 INGRAHAM BUILDING 25 SE 2ND AVENUE MIAMI FL 33131	Mailing Address 900 INGRAHAM BUILDING 25 SE 2ND AVENUE MIAMI FL 33131
-------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14260 SW 119 Ave Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33186		2a. Mailing Address 26 14260 SW 119 Ave Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33186		3. Date Incorporated or Qualified 11/21/1997	
		4. FEI Number 65-0796453		Applied For 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. 900 INGRAHAM BUILDING 25 SE 2ND AVENUE MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name Miren Arnaiz 82 Street Address (P.O. Box Number is Not Acceptable) 14260 SW 119 Ave 83 84 City Miami FL 85 Zip Code 33186			
----------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--	--

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 *Miren Arnaiz* 1-27-98
Signature, typed or printed name of registered agent, and date applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	Carlos E. Martinez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				1.2 NAME	President		
STREET ADDRESS				1.3 STREET ADDRESS	14260 SW 119 Ave		
CITY-ST-ZIP				1.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				2.2 NAME	Raul A. Martinez		
STREET ADDRESS				2.3 STREET ADDRESS	14260 SW 119 Ave		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	Maria Lacayo Martinez		
STREET ADDRESS				3.3 STREET ADDRESS	14260 SW 119 Ave		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	Emilio R. Martinez		
STREET ADDRESS				4.3 STREET ADDRESS	14260 SW 119 Ave		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	Fernando I. Martinez		
STREET ADDRESS				5.3 STREET ADDRESS	14260 SW 119 Ave		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	Miami, FL 33186		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	Asst. Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Miren Arnaiz		
STREET ADDRESS				6.3 STREET ADDRESS	14260 SW 119 Ave		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Miami, FL 33186		

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: *Miren Arnaiz*

1-27-98 (308) 233-6776

CR2E034 (10/97)