

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

FILED
Jun 04 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 # **S11945** (0)
1. Corporation Name
THE EXCHANGE HOLDINGS CORPORATION



Principal Place of Business
**8255 S.W. 152 AVENUE #101
MIAMI FL 33193**

Mailing Address
**8255 S.W. 152 AVENUE #101
MIAMI FL 33193**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21c/o Claire M. O'Neal, CPA Suite, Apt. #, etc. 22 111 W. Emerson Street City & State 23 Holyoke, Colorado Zip 24 80734		2a. Mailing Address 26c/o Claire M. O'Neal, CPA Suite, Apt. #, etc. 27 111 W. Emerson Street City & State 28 Holyoke, Colorado Zip 29 80734		3. Date Incorporated or Qualified 11/08/1990	
		4. FEI Number 65-0226568		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 type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARAJON, LUIS
8255 S.W. 152 AVENUE #101
MIAMI FL 33193

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAJON, LUIS	1.2 NAME	
STREET ADDRESS	8255 S.W. 152 AVENUE #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DPTS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTEALEGRE, RODRIGO	2.2 NAME	Dag Sundby
STREET ADDRESS	8255 S.W. 152 AVENUE #101	2.3 STREET ADDRESS	c/o Claire M. O'Neal, CPA, 111 W. Emerson
CITY-ST-ZIP	MIAMI FL 33193	2.4 CITY-ST-ZIP	Holyoke, Colorado 80734
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNING, WILLIAM	3.2 NAME	
STREET ADDRESS	8255 S.W. 152 AVENUE #101	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ Dag Sundby

(970) 854-3560

CR2E034 (10/97)