


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

FILED
Mar 25 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 # S20868 (3)
1. Corporation Name
OSCAR C. GOMEZ, INC.

Principal Place of Business 7907 NW 53RD ST SUITE 419 MIAMI FL 33166	Mailing Address 7907 NW 53RD ST SUITE 419 MIAMI FL 33166
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4604 SW 74th Ave. 22 Suite, Apt. #, etc. 23 City & State Miami, Florida 24 Zip 33155 25 Country U.S.A.		2a. Mailing Address 26 9737 N.W. 41st St. 27 Suite, Apt. #, etc. Ste. 438 28 City & State Miami, Florida 29 Zip 33178 30 Country U.S.A.		3. Date Incorporated or Qualified 12/10/1990	4. FEI Number 65-0245931 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required \$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 GOMEZ, OSCAR C 7907 NW 53RD ST SUITE 419 MIAMI FL 33166				10. Name and Address of New Registered Agent 81 Name Mancini, Jake 82 Street Address (P.O. Box Number is Not Acceptable) 9737 NW 41st St. 83 Ste. 438 84 City Miami 85 Zip Code 33178 FL	
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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 Jake Mancini DATE 3/16/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GOMEZ, OSCAR C		1.2 NAME	Valle, Carlos			
STREET ADDRESS	7907 NW 53RD ST 419		1.3 STREET ADDRESS	9737 NW 41st St. Ste. 438			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33178			
TITLE	VS	<input type="checkbox"/> DELETE	2.1 TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DONELLI, DAVID P		2.2 NAME	Donelli, David P.			
STREET ADDRESS	7907 NW 53RD ST 419		2.3 STREET ADDRESS	9737 NW 41st St. Ste. 438			
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33178			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			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: Carlos Valle DATE 3/16/98 (305) 261-2852

CR2E034 (10/97)