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

PROFIT FLORIDA DEPARTMENT OF STATE FILEO ECRETARY OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT DIVISION OF CORPORATIONS Secretary of State DIVISION OF CORPORATIONS 1998 98 APR 22 AH 9: 08 DOCUMENT #
1. Corporation Name S52382 (6)**OLYMPIC TRANSFER CORP.** Principal Place of Business Mailing Address 3574 NW 46TH STREET 3974 NW-46TH GTREET MIAM! FL 33142 MIAMI FL 33149 -DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/14/1991 2. Principal Place of Business 4. FEI Number Applied For 65-0302938 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible □ No 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 OTERO: FELIX RAUL 3521 NW 20TH ST. 82 Street MIAMIFE 03142 83 84 Display and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered step of Flyrida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ligations of Syctem 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent, or bagent. I am familiar with and **SIGNATURE** (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRLCTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. LETE Change Addition TITLE 1.1 TITLE AGUIAR, JULIO W. NAME 1.2 NAME 3574 NW 46 ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE Addition Change 21 11116 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - \$1 - ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE 8000024986478. NAME 3.2 NAME -04/24/98--01006--016 STREET ADDRESS 3.3 STREET ADDRESS ****900.00 ****150.00 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-SI-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 of rustee 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.