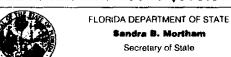
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT 1998 DOCUMENT # SCHENECTADY HOLDINGS, INC.

Principal Place of Business

151 MAJORCA AVE STE C **CORAL GABLES FL 33134**



Mailing Address

Secretary of State DIVISION OF CORPORATIONS

(4)

151 MAJORCA AVE STE C

CORAL GABLES FL 33134

FILED May 11 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

				08/02/1991		
2. Principal Plac	e of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-0378617	Not Applicable	
Suite, Apt. #,	etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 City & State		City P. Stota				
City & State City & State 28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	urrent year Intangible	
24	25	29	30	Personal Property Tax due June 30.	Yes No	
	9, Name and Address of Curre	nt Registered Agent		Name and Address of New Registered	Agent /	
PRATS, GABRIEL			81 Name		İ	
151 MÅJORCA AVE STE C CORAL GABLES FL 33134			R2 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
			311001 71	83		
			83			
						
			84 City	FI	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 Signature, typed or printed name of registured agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE		Change Addition	
NAME	DE LEON, FRANCISCO		1.2 NAME		[-	
	701 BRICKELL AVENUE SUI	TE 850	1.3 SYREET ADDRESS		1	
	MIAMI FL		1.4 CITY - ST - ZIP			
TITLE	DT	DELETE	21 TITLE		Change Addition	
NAME	DE DAVIS, MARITZA		2.2 NAME			
STREET ADDRESS	701 BRICKELL AVENUE SUI	TF 850	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	.2 000	2 4 CITY-ST-ZIP			
	DS	DELETE	31 TITLE		Change Addition	
	TULIPANO. MARIA ALEJANDI	_ 	3.2 NAME			
	701 BRICKELL AVENUE SUI		3.3 STREET ADDRESS		}	
	MIAMI FL	.2 000				
CITY-ST-ZIP TITLE	idh aus r #	DELETE	3.4. CITY-ST-ZIP		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.2 NAME		Í	
1			1			
CITY-ST-ZIP - TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition	
			5.2 NAME		C) Ohange C) Addition	
NAME			1		ļ	
STREET ADDRESS			5.3 STREET ADDRESS		ĺ	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition	
TITLE		T DETEIR	6.1 TITLE		L'I CURINGE L'I ACQUUON	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS)	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	. a diameter en la company		
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 fue and accurate and that my signature shall have the same legal effect as if made under path that I am an office or directly of the configuration of the receiver of the configuration of the receiver of the configuration.						