

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

FILED

Feb 13 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 # S79304 (9)  
1. Corporation Name  
JORTA INC.

Principal Place of Business	Mailing Address
8300 SW 8TH AVE SUITE 303 MIAMI FL 33144 US	8300 SW 8TH ST SUITE 303 MIAMI FL 33144 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/06/1991	4. FEI Number 65-0287147	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MELENZ-INSUA, ARISTIDES 8300 SW 8TH ST #303 MIAMI FL 33144	81 Name MELENZ-INSUA, ARISTIDES U. 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  DATE 2/4/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP MENDEZ-INSUA, ARISTIDES 8300 SW 8TH ST #303 MIAMI FL	1.1 TITLE	P/S/D
NAME		1.2 NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV ORTEGA-TAIN, JOSE 8300 SW 8TH ST #303 MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS FERNANDEZ-CAUBI, LUIS 9150 FONTAINEBLEU BLVD., STE 509 MIAMI FL	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	TV MENDEZ-INSUA, JUANA 8300 SW 8TH ST #303 MIAMI FL	4.1 TITLE	V/T/D
NAME		4.2 NAME	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Assistant Secretary
NAME		5.2 NAME	VALDES-FAULI, RAUL E.
STREET ADDRESS		5.3 STREET ADDRESS	2 S. Biscayne Blvd Suite 3400
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33131
TITLE		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:  DATE Feb 4, 1998 (305) 262-2351

CR2E034 (1097)