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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

V06012

SMOLER, LERMAN, BENTE & WHITEBOOK, P.A. Principal Place of Business Mailing Address 100 SE 2ND STREET 100 SE 2ND STREET **SUITE 2620 SUITE 2620** DO NOT WRITE IN THIS SPACE MIAMI FL 33131 MIAMI FL 33131 Date Incorporated or Qualified US Uŝ 01/13/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0306095 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Yes 29 30 Personal Property Tax due June 30. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SMOLER, BRUCE J. 2620 NATIONSBANK TOWER 82 Street Address (P.O. Box Number is Not Acceptable) 100 SE SECOND STREET 83 **MIAMI FL 33131** 84 City Zip Code 85 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, typod or printed name of registured agent and title if applicable INOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.110 (E SMOLER, BRUCE 1.2 NAME NAME 100 SE 2ND ST. SUITE 2620 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE SD LERMAN, CARLOS 2.2 NAME NAME 100 SE 2ND ST, SUITE 2620 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change 3.1 TO LE TITLE BENTE, KATHLEEN 3.2 NAME NAME 100 SE 2ND ST, SUITE 2620 STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33131** CITY-ST-ZIP 3.4. CITY - ST - ZIP DFLETE 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - S1 - 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

FILED

Apr 10 1998 8:00am

Secretary of State