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

HELIO HODARA

PROFIT Jan 27 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # V17053 (2) UNIT 1201 TIFFANY CORP. Principal Place of Business Mailing Address 10175 COLLINS AVE #1201 10175 COLLINS AVE #1201 BAL HARBOUR FL BAL HARBOUR FL DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0346687 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zin Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XNo 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FELDMAN, DAVID ESQ 407 LINCOLN ROAD PH NE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH FL 33139 83 84 City 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 registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE __ DELETE 1.1 TITLE Change Addition HODARA, HELIO NAME 1.2 NAME 10175 COLLINS AVE #1201 STREET ADDRESS 1.3 STREET ADDRESS BAL HARBOUR FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DVST DELETE TITLE 2.1 TITLE Change Addition HODARA, JANETTE NAME 2.2 NAME 10175 COLLINS AVE #1201 STREET ADDRESS 2.3 STREET ADDRESS **BAL HARBOUR FL** CITY-ST-ZIP 2 4 CITY-ST-ZIP VD DELETE TITLE 3.1 TITLE Change Addition HODARA, DEBORAH P NAME 3.2 NAME 10175 COLLINS AVE #1201 STREET ADDRESS 3.3 STREET ADDRESS **BAL HARBOUR FL** CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition HODARA, ANDREA ALEXANDRA 4 2 NAME 10175 COLLINS AVE #1201 STREET ADDRESS 4.3 STREET ADDRESS **BAL HARBOUR FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE Addition HODARA, PATTRYCIA A. NAME 5.2 NAME 10175 COLLINS AVE #1201 STREET ADDRESS 5.3 STREET ADDRESS **BAL HARBOUR FL** CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETÉ TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 any 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 empoyees 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 addyss.

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