


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

FILED
Apr 10 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 # **V56704** (2)
1. Corporation Name
GUILMARTIN-BROWN, INC.



Principal Place of Business 1688 MERIDIAN AVE 300 7th ST SUITE 1016 Third Floor MIAMI BEACH FL 33141	Mailing Address 1688 MERIDIAN AVENUE 300 7th ST. SUITE 1016 Third Floor MIAMI BEACH FL 33141
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 300 71st ST Suite, Apt. #, etc. 22 Third Floor City & State 23 Miami Beach, FL Zip 24 33141		2a. Mailing Address 26 300 71st ST Suite, Apt. #, etc. 27 Third Floor City & State 28 Miami Beach, FL Zip 29 33141 Country 30 USA		3. Date Incorporated or Qualified 08/11/1992	4. FEI Number 65-0404937 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent RISTAINO, EDWARD L. 1 SE 3RD AVE 28TH FLOOR SUN TRUST INTERNATIONAL CENTER MIAMI FL 33131				10. Name and Address of New Registered Agent 81 Name Miami Center Registered Agents Inc. 82 Street Address (P.O. Box Number is Not Acceptable) 201 So. Biscayne Blvd, 17th FL 83 84 City Miami FL 85 Zip Code 33131			
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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 **By: Ron Halperin (Ronny Halperin, V.P.)** **4/3/98**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GUILMARTIN, ROBERT J.			1.2 NAME			
STREET ADDRESS	345 OCEAN DR., #1012			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BROWN, MURTON L.			2.2 NAME			
STREET ADDRESS	11 ISLAND AVENUE #1505			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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 **M T Brown** **3/21/98** **205 525-3616**

CR2E034 (10/97)