


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

FILED
Apr 17 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 # P94000066664 (1)
 1. Corporation Name
CALLABRINI & CASTELLANO CONSULTANTS, INC.



Principal Place of Business 5200 SW 8 ST #111 CORAL GABLES FL 33134	Mailing Address 5200 SW 8 ST #111 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1100 West 29 St Suite, Apt. #, etc. 22 Ste D City & State 23 HIALEAH FL 33012 Zip 24 33012	2a. Mailing Address 26 1100 W 29th St Suite, Apt. #, etc. 27 STE - D City & State 28 HIALEAH, FL 33012 Zip 29 33012	3. Date Incorporated or Qualified 09/09/1994	4. FEI Number 65-0504323	Applied For <input type="checkbox"/> Not Applicable
Country 25 DADE	Country 30 DADE	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 REREZ-CALA, LOLA C. 5200 SW. 8TH ST. #111 CORAL GABLES FL 33134	10. Name and Address of New Registered Agent 81 Name ELIOT TUYA 82 Street Address (P.O. Box Number is Not Acceptable) 1100 west 29th Street STE-D 83 84 City HIALEAH FL 85 Zip Code 33012
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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 **ELIOT TUYA** *[Signature]* **01/09/98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TUYA, NORAH V		1.2 NAME Tuya, John G.	
STREET ADDRESS 5200 SW 8 ST #111		1.3 STREET ADDRESS 1100 WEST 29th Street Ste- D	
CITY-ST-ZIP CORAL GABLES FL 33134		1.4 CITY-ST-ZIP Hialeah, FL 33012	
TITLE <input type="checkbox"/> DELETE		2.1 TITLE T/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		2.2 NAME Eliot Tuya	
STREET ADDRESS <input type="checkbox"/> DELETE		2.3 STREET ADDRESS 1100 West 29th Street	
CITY-ST-ZIP <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP STE-D Hialeah, FL. 33012	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		3.2 NAME <input type="checkbox"/> DELETE	
STREET ADDRESS <input type="checkbox"/> DELETE		3.3 STREET ADDRESS <input type="checkbox"/> DELETE	
CITY-ST-ZIP <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		4.2 NAME <input type="checkbox"/> DELETE	
STREET ADDRESS <input type="checkbox"/> DELETE		4.3 STREET ADDRESS <input type="checkbox"/> DELETE	
CITY-ST-ZIP <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		5.2 NAME <input type="checkbox"/> DELETE	
STREET ADDRESS <input type="checkbox"/> DELETE		5.3 STREET ADDRESS <input type="checkbox"/> DELETE	
CITY-ST-ZIP <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <input type="checkbox"/> DELETE		6.2 NAME <input type="checkbox"/> DELETE	
STREET ADDRESS <input type="checkbox"/> DELETE		6.3 STREET ADDRESS <input type="checkbox"/> DELETE	
CITY-ST-ZIP <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE	

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: *[Signature]* **01/09/98** **1301004-7077**

CR2E034 (10/97)