

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

**FILED**  
**Jan 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 626709 (0)**

1. Corporation Name  
**LUDLUM CORPORATION**



Principal Place of Business <b>999 PONCE DE LEON BLVD.                  SUITE 705                  CORAL GABLES FL 33134                  US</b>	Mailing Address <b>999 PONCE DE LEON BLVD                  STE 705                  CORAL GABLES FL 33134                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 231 ALTARA AVE.</b> Suite, Apt #, etc <b>22</b>	2a. Mailing Address <b>26 231 ALTARA AVE.</b> Suite, Apt #, etc. <b>27</b>	3. Date Incorporated or Qualified <b>06/19/1979</b>	4. FEI Number <b>59-1918635</b>	Applied For Not Applicable
City & State <b>23 CORAL GABLES, FL</b>	City & State <b>28 CORAL GABLES, FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	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
Zip <b>24 33146</b> Country <b>25 U.S.A.</b>	Zip <b>29 33146</b> Country <b>30 USA</b>			

9. Name and Address of Current Registered Agent

**FERNANDEZ, HERMINIA CPA  
 999 PONCE DE LEON BLVD  
 SUITE 705  
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>231 ALTARA AVE</b>
83	
84 City	<b>CORAL GABLES</b>
85 State	<b>FL</b>
86 Zip Code	<b>33146</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, WILLIAM	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL 3	
TITLE	DVPS	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, DEBORAH	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH, FL 3	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, MICHAEL	
STREET ADDRESS	4747 COLLINS AVE #1008	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	SHULEVITZ, JUDITH	
STREET ADDRESS	4747 COLLINS AVE., #1008	
CITY-ST-ZIP	MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: *[Signature]* **WILLIAM SHULEVITZ, PRES.** **1/8/98** **305-448-1648**

CR2E034 (10/97)