

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

PROFIT CORPORATION ANNUAL REPORT 1999 2000



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

00 JUN 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G59278  
1. Corporation Name  
1408 ATLANTIS CORP.

Principal Place of Business Mailing Address  
2601 So. Bayshore Dr. Same  
Suite 1400, Terremark Center  
Miami, FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
9/9/83

21	2. Principal Place of Business 2601 So. Bayshore Dr.	2a. Mailing Address Same	4. FEI Number 59-2331894	Applied For <input type="checkbox"/> Not Applicable
22	Suite, Apt. #, etc. Suite 1400, Terremark Center	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State Miami, Florida	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 33133	Country USA	29	30
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 Alfredo G. Duran, Esq. Suite 1400, Terremark Center 2601 So. Bayshore Dr. Miami, FL 33133				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 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 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	P/D	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Damaso, Gerardo		1.2 NAME				
STREET ADDRESS	Apartado 1204		1.3 STREET ADDRESS				
CITY-ST-ZIP	Valencia, Venezuela		1.4 CITY-ST-ZIP				
TITLE	V-P/Sec	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfredo G. Duran		2.2 NAME				
STREET ADDRESS	2601 So. Bayshore Dr.		2.3 STREET ADDRESS	500003300285--3			
CITY-ST-ZIP	Suite 1400, Terremark Center Miami, FL 33133		2.4 CITY-ST-ZIP	-06/22/00--01006--016			
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	500003300285--3			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	-06/22/00--01006--017			
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:

Alfredo G. Duran, Vice-Pres

6/16/00

(305)

859-2696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11007 100204 000000