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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90160 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **G71149**

1. Corporation Name
ODYSSEY WORKS, INC.

Principal Place of Business
 P.O. BOX 141736
 CORAL GABLES FL 33144
 US

Mailing Address
 P.O. BOX 141736
 CORAL GABLES FL 33114
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/17/1983

4. FEI Number
59-2340285

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 **90 GEORGE E. PATTERSON, JR.**
 22 **7570 NW 14 STREET**
 23 **MIAMI FL**
 24 **33126** 25 **US**

2a. Mailing Address
 26 **90 JOSE R. TRAVIESO, JR.**
 27 **P.O. Box 141736**
 28 **CORAL GABLES FL**
 29 **33114** 30 **US**

9. Name and Address of Current Registered Agent
PATTERSON, GEORGE E. JR.
7570 NW 14 ST.
MIAMI FL 33126

10. Name and Address of New Registered Agent
 81 Name **JOSE R. TRAVIESO, JR.**
 82 Street Address (P.O. Box Number is Not Acceptable)
3155 PONCE DE LEON BLVD.
 83
 84 City **CORAL GABLES FL** 85 Zip Code **33134**

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]* **JOSE R. TRAVIESO, JR.** P/S 2.9.99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	TRAVIESO, JOSE R., JR.	
STREET ADDRESS	3155 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MANSUR, LUIS	
STREET ADDRESS	L.G. SMITH BLVD. #146	
CITY-ST-ZIP	ORANJESTAD, ARUBA N.V.	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, GEORGE E. JR.	
STREET ADDRESS	8285 S.W. 54TH AVE.	
CITY-ST-ZIP	MIAMI 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	PRESIDENT / SECRETARY	<input checked="" 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **JOSE R. TRAVIESO JR.** 2.9.99 305419966
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)