

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

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90032 035 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **J47200**

1. Corporation Name
PARC ISLE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 C/O BAROU, PERERA & ASSOC. C/O BAROU, PERERA & ASSOC.
 48 EAST FLAGLER STREET, SUITE 368 48 EAST FLAGLER STREET, SUITE 368
 MIAMI FL 33131 MIAMI FL 33131

3. Date Incorporated or Qualified
12/15/1986

4. FEI Number Applied For
59-2756608 Not Applicable

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 2a. Mailing Address
 21 **9260 S.W. 72ND STREET** 26 **9260 S.W. 72ND STREET**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **SUITE 206** 27 **SUITE 206**
 City & State City & State
 23 **MIAMI, FLORIDA** 28 **MIAMI, FLORIDA**
 Zip Country Zip Country
 24 **33173** 25 **U.S.A.** 29 **33173** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
SCHULTA, STEVEN A.
200 SOUTH BISCAYNE BLVD
SUITE 3150
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SISO, CAROLS P.
STREET ADDRESS	APARTADO 2320
CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	D <input type="checkbox"/> DELETE
NAME	DE SISO, PILAR C.
STREET ADDRESS	APARTADO 2320
CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	D <input type="checkbox"/> DELETE
NAME	DE ZULOAGA, ANABELLA S.
STREET ADDRESS	APARTADO 2320
CITY-ST-ZIP	CARACAS, VENEZUELA
TITLE	VD <input type="checkbox"/> DELETE
NAME	SCHULTZ, STEVEN A.
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, SUITE 3150
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	<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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven A. Schultz* Vice Pres. 3/4/99 (305) 377-1572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)