


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

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90026 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000037269

1. Corporation Name
EXELFLOR CORPORATION
Changed its name to La Gaitana US Corp.



Principal Place of Business 670 PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD MIAMI FL 33131	Mailing Address 670 PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD #407 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2916 N.W. 72nd Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 2916 N.W. 72nd Ave Suite, Apt. #, etc.
23 Miami Florida City & State Zip Country 24 33122 25 USA	28 Miami Florida City & State Zip Country 29 33122 30 U.S.A.

3. Date Incorporated or Qualified 05/17/1994	4. FEI Number 65-0492734	Applied For <input type="checkbox"/> Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S BISCAYNE BLVD MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name Camilo Bleier 82 Street Address (P.O. Box Number is Not Acceptable) 2916 N.W. 72nd Ave 83 84 City Miami 85 State FL 86 Zip Code 33122
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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: *[Signature]* DATE: **April 1/99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRERO, MAURICIO	1.2 NAME	Camilo Bleier
STREET ADDRESS	DIAGONAL 128B BIS NO 20 95	1.3 STREET ADDRESS	2916 N.W. 72nd Ave
CITY-ST-ZIP	BOGOTA, COLOMBIA	1.4 CITY-ST-ZIP	Miami FL 33122
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE-HERNANDEZ, OFELIA	2.2 NAME	Elena Cavalier
STREET ADDRESS	CALLE 113 NO. 75 D 05	2.3 STREET ADDRESS	177 Ocean Lane Dr. Ap. 204
CITY-ST-ZIP	BOGOTA, COLOMBIA	2.4 CITY-ST-ZIP	Kay Biscayne Fl 33149
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLEN, MIGUEL	3.2 NAME	Esla del Carmen Sacristan
STREET ADDRESS	CALLE 74 NO. 36 25	3.3 STREET ADDRESS	Calle 78 No. 10-31 Int. 5
CITY-ST-ZIP	BOGOTA, COLOMBIA	3.4 CITY-ST-ZIP	Bogota - Colombia
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	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **April 1/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)