


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

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90013 019 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000030373**

1. Corporation Name  
**BIARRITZ PROPERTIES CORP.**



Principal Place of Business SHIRLEY & CHARLOTTE STS BAHAMA FINANCIAL CTR NASSAU BA 33129 US	Mailing Address C/O BANCO SANTANDER, 3RD FLOOR PO BOX N-1682, BAHAMAS FINANCIAL CTR. NASSAU BAHAMAS
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**04/08/1996**

4. FEI Number  
**APPLIED FOR 65-0809872**

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 SHIRLEY & CHARLOTTE STS. Suite, Apt. #, etc. 22 BAHAMAS FINANCIAL CTR. City & State 23 NASSAU Zip 24 25 BAHAMAS	2a. Mailing Address Suite, Apt. #, etc. 27 City & State 28 Zip 29 30
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9. Name and Address of Current Registered Agent

**MIAMI CORPORATE SYSTEMS, INC.**  
**5200 BLUE LAGOON DRIVE STE 700**  
**MIAMI FL 33126**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	TAYLOR, MARIA	
STREET ADDRESS	SHIRLEY & CHARLOTTE STS BAH FIN CTR	
CITY-ST-ZIP	NASSAU BA 33129	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	LOZADA, JOSE	
STREET ADDRESS	SHIRLEY & CHARLOTTE STS BAH FIN CTR	
CITY-ST-ZIP	NASSAU BA 33129	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	CRESPO, ROBERTO	
STREET ADDRESS	SHIRLEY & CHARLOTTE STS BAH FIN CTR	
CITY-ST-ZIP	NASSAU BA 33129	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SHIRLEY & CHARLOTTE STS. BAH. FIN. CTR.
1.4 CITY-ST-ZIP	NASSAU, BAHAMAS P. O. BOX N 1682
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	SHIRLEY & CHARLOTTE STS. BAH. FIN. CTR.
2.4 CITY-ST-ZIP	NASSAU, BAHAMAS P. O. BOX N 1682
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	SHIRLEY & CHARLOTTE STS. BAH. FIN. CTR.
3.4 CITY-ST-ZIP	NASSAU, BAHAMAS P. O. BOX N 1682
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)(f), 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 REQUIRED** **MARIA TAYLOR** **MARCH 5, 1999 (242) 322-3588**

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

CR2E034-(1-1)09R