

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

FILED
Aug 19, 1999 8:00 am
Secretary of State

08-19-1999 90006 023 ***550.00



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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # P96000040132 (8)

1. Corporation Name
EPECUEN OF MIAMI, INC.

Principal Place of Business 4315 N.W. 7th. St. Suite #51 Miami, Fl. 33126	Mailing Address 4315 N.W. 7th. Street Suite #51 Miami, Fl. 33126
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
05/06/1996

2. Principal Place of Business 4315 N.W. 7th. St. Suite, Apt. #, etc. #51	2a. Mailing Address 4315 N.W. 7th. Street Suite, Apt. #, etc. #51	4. FEI Number 65-0665240	Applied For <input checked="" type="checkbox"/> Not Applicable
22. City & State Miami, Florida	27. City & State Miami, Florida	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
24. Zip 33126 Country USA	29. Zip 33126 Country USA	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
F. VILCHEZ, Francisco
8300 N.W. S. River Dr.
Medley, Fl. 33166

10. Name and Address of New Registered Agent

81 Name LIMA, Fernando
82 Street Address (P.O. Box Number is Not Acceptable) 4315 N.W. 7th. St.
83 Suite #51
84 City Miami, FL
85 Zip Code 33126

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 **X** **Fernando LIMA** **August 2nd, 1999**
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 P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CANO, Jorge		1.2 NAME	
STREET ADDRESS 4315 N.W. 7th. St. #51		1.3 STREET ADDRESS	
CITY-ST-ZIP Miami, Fl. 33126		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEL RIO, Daniel		2.2 NAME	
STREET ADDRESS 4315 N.W. 7th. St. #51		2.3 STREET ADDRESS	
CITY-ST-ZIP Miami, Fl. 33126		2.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LIMA, Fernando		3.2 NAME	
STREET ADDRESS 4315 N.W. 7th. Street #51		3.3 STREET ADDRESS	
CITY-ST-ZIP Miami, Fl. 33126		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	
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: **X** **Officer**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)461-1244
Date Daytime Phone #