


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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90181 018 ***150.00

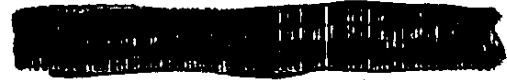
PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000071539

1. Corporation Name
Executive Investments of Florida Inc.

Principal Place of Business Mailing Address

US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	<i>21150 Pointe Place</i>	26	<i>21150 Pointe Place</i>	<i>8/26/96</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	<i>1203</i>	27	<i>1203</i>	<i>65-0696299</i>	
City & State		City & State		Applied For	
23	<i>Aventura, FL</i>	28	<i>Aventura FL</i>	<input type="checkbox"/> Not Applicable	
24	Zip <i>33180</i> Country <i>USA</i>	29	Zip <i>33180</i> Country <i>USA</i>	5. Certificate of Status Desired	
25	<input type="checkbox"/> USA	30	<input type="checkbox"/> USA	<input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
		81 Name <i>Michel Aovate</i>			
		82 Street Address (P.O. Box Number is Not Acceptable) <i>21150 Pointe Place</i>			
		83 <i>#1203</i>			
		84 City <i>Aventura</i> FL 85 Zip Code <i>33180</i>			
		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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]* *Michel Aovate* DATE *4/13/99*

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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>DA</i> <i>Aovate, David</i>	1.2 NAME	
STREET ADDRESS	<i>19501 E Country Club Dr. #505</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Aventura FL 33180</i>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>VA</i> <i>Aovate, Michel</i>	2.2 NAME	<i>Aovate, Michel</i>
STREET ADDRESS	<i>21150 Pointe Place, #1203</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Aventura, FL 33180</i>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<i>TA</i> <i>Benhamou, Gilbert</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>165 Golden Beach Dr.</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>Golden Beach FL 33160</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<i>SA</i> <i>Benhamou, France</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>165 Golden Beach Dr.</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>Golden Beach FL 33160</i>
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]* *Michel Aovate* DATE *1/19/99* DAYTIME PHONE # *305-7790-3356*

Signature, typed or printed name of signing officer or director