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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT Rein. 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000090013
1. Corporation Name
GREAT SITE CORPORATION

Principal Place of Business 5559 NW 72ND. AVE MIAMI, FL 33166	Main Address 5559 NW 72ND. AVE MIAMI, FL 33166
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REINSTATEMENT '98

SCC 12-8-98

DO NOT WRITE IN THIS SPACE

3. Date Incorporation or Qualified 10/29/96	4. FEI Number 65-0717680 Applied For 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 Misc. Fee Added to Fees
7. This corporation (has or has not) paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Subv. Act #, etc. 22. City & State 23. Zip	24. Moving Address 25. Subv. Act #, etc. 26. City & State 27. Zip 28. Country 29. Country 30. Zip 31. Country
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8. Name and Address of Current Registered Agent ROBERTO M. ZICCARDI 8420 DUNDEE TERRACE MIAMI, FL 33016	10. Name and Address of New Registered Agent 01. Name 02. Street Address (P.O. Box Number is Not Acceptable) 03. 04. City FL 05. Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 provisions of, Section 607.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 12/03/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MARCELO PEREIRA DA COSTA <input type="checkbox"/> DELETE 9440 FOUNTAINEBLEAU BLVD. #401 MIAMI, FL 33172	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	PRESIDENT ROBERTO M. ZICCARDI 8420 DUNDEE TERRACE MIAMI, FL 33016
TITLE NAME STREET ADDRESS CITY, ST, ZIP	MAGALI CAVATTON BERRENY <input type="checkbox"/> DELETE 9440 FOUNTAINEBLEAU BLVD. #401	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information furnished with this report does not qualify for the exemption stated in Section 199.01(3)(b), Florida Statutes. I further certify that the information with regard to this annual report is supplemental financial report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the recipient of the report or a duly empowered agent 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 given as a new name, and, in Block 13.

SIGNATURE: [Signature] DATE: 12/3/98

Prepared by: Roberto M. Ziccardi
8420 Dundee Terr.
(305)558-0215 Miami, Fl 33016
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