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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000028364
1. Corporation Name Blue Triton Corp.
c/o Zuckerman Spaeder Taylor et al
201 S. Biscayne Blvd., Suite 900
Miami, Florida 33131
Principal Place of Business Mailing Address
201 S BISCAYNE BLVD. STE 900 MIAMI FL 33131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/26/98
4. FEI Number 65-0851730 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent
Michael S. Greene
c/o Zuckerman Spaeder Taylor et al
201 S BISCAYNE BLVD, STE 900
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name Valdes-Fauli Corporate Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Blvd., Suite 3400
83
84 City Miami FL 85 Zip Code 33131

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 *Guillermo J. Garcia Duran, the President*
Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS table with columns for Name, Title, Street Address, City-St-Zip, and a DELETED checkbox.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-St-Zip, and checkboxes for Change and Addition.

CR2F034 (11/98)

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; 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 as an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* 4/20/99 305/41384-700
Signature and typed or printed name of signing officer or director Date Daytime Phone #