


FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90017 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000073355
 1. Corporation Name
HASAC COMPANY, INC.



Principal Place of Business 2142 NW 99TH AVE. MIAMI FL 33172	Mailing Address 2142 NW 99TH AVE. MIAMI FL 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65 089 55 47		Applied For	
21		26		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HART, DAVID J. 100 N. BISCAYNE BLVD., STE. 2600 MIAMI FL 33132				81 Name CARLOS E HUERTAS			
				82 Street Address (P.O. Box Number is Not Acceptable) 9755 NW 52 ST APT 514			
				83			
				84 City Miami FL FL 85 Zip Code 33178			

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]* DATE: **8/5/99**

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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HUERTAS, CARLOS H		1.2 NAME HUERTAS, CARLOS E.	
STREET ADDRESS CALLE 60 NO.38-76, APT.401 BOGOTA, DISTRITO		1.3 STREET ADDRESS 9755 NW 52 ST APT 514	
CITY-ST-ZIP CAPTIL COLOMBIA		1.4 CITY-ST-ZIP MIAMI FL 33178	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SECRETARAS	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MARTINEZ, CARLOS H		2.2 NAME HUERTAS, CARLOS	
STREET ADDRESS CALLE 60 NO.38-76, APT.401 BOGOTA, DISTRITO		2.3 STREET ADDRESS CALLE 60 # 78-76, APT 401	
CITY-ST-ZIP CAPTIL COLOMBIA		2.4 CITY-ST-ZIP BOGOTA D.C. - COLOMBIA	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *[Signature]* **CARLOS E. HUERTAS** DATE: **8/5/99** DAYTIME PHONE #: **(786) 2056343**
(305) 7168639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)