

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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90098 007 ***150.00



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

PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT #

1. Corporation Name
Ap. Advantage, Inc.

Principal Place of Business
195 SW 15 Rd #603 Miami, FL 33129-1150

Mailing Address
7829 SW 102 lane miami, FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <i>9/4/98</i>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <i>65-0861419</i>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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				10. Name and Address of New Registered Agent	
<i>Virginia Mackle 7829 SW 102 lane miami, FL 33156</i>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 _____ DATE _____
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	<i>Director</i>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Raul Palacios</i>		1.2 NAME		
STREET ADDRESS	<i>727 Jeronimo Dr.</i>		1.3 STREET ADDRESS		
CITY-ST-ZIP	<i>Coral Gables, FL 33156</i>		1.4 CITY-ST-ZIP		
TITLE	<i>Vice President</i>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Raul Palacios</i>		2.2 NAME		
STREET ADDRESS	<i>727 Jeronimo Dr.</i>		2.3 STREET ADDRESS		
CITY-ST-ZIP	<i>Coral Gables, FL 33156</i>		2.4 CITY-ST-ZIP		
TITLE	Frank Witte	<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	<i>Vice President</i>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Frank Witte</i>		4.2 NAME		
STREET ADDRESS	<i>14601 SW 122 PL.</i>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<i>Miami, FL</i>		4.4 CITY-ST-ZIP		
TITLE	<i>Director</i>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Frank Witte</i>		5.2 NAME		
STREET ADDRESS	<i>14601 SW 122 PL.</i>		5.3 STREET ADDRESS		
CITY-ST-ZIP	<i>Miami, FL 33156</i>		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: *V. Mackle, see* Date: *2/15/99* (305) 596-4625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

C-292034 (11/98)