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May 21, 1999 8:00 am
Secretary of State

05-21-1999 90010 048 ***150.00

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000077189

1. Corporation Name
BESTWAY USA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
8500 WEST FLAGLER STREET
A-105
MIAMI FL 33144

Mailing Address
8500 WEST FLAGLER STREET
A-105
MIAMI FL 33144

3. Date Incorporated or Qualified

09/04/1998

4. FEI Number

65-0862316

Applied For
 Not Applicable

2. Principal Place of Business
21 402 NW 87 Ave

2a. Mailing Address
26 402 NW 87 Ave

Suite, Apt. #, etc.
22 #403

Suite, Apt. #, etc.
27 #403

City & State
23 MIAMI, FL

City & State
28 MIAMI, FL

Zip Country
24 33172 25 USA

Zip Country
29 33172 30 USA

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

SOTO, ANTONIO J III ESQ
8500 WEST FLAGLER STREET
A-105
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D DELETE
NAME VELOZ, MIRIAM
STREET ADDRESS 887 FOUNTAINBLEAU BLVD. #301
CITY-ST-ZIP MIAMI FL 33144

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P Change Addition
1.2 NAME VELOZ, MIRIAM
1.3 STREET ADDRESS 10327 NW 9 St. Circle #4
1.4 CITY-ST-ZIP MIAMI, FL 33172

2.1 TITLE D Change Addition
2.2 NAME VELOZ, FABIAN
2.3 STREET ADDRESS 10327 NW 9 St. Circle #4
2.4 CITY-ST-ZIP MIAMI, FL 33172

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: MIRIAM VELOZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/99 (305) 5546532
Date Daytime Phone #

CR2E034 (1/98)