

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90013 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # V67198

1. Corporation Name
VOLCANO PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **99 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134**
 Mailing Address: **999 PONCE DE LEON BLVD. SUITE 1110 CORAL GABLES FL 33134 US**

3. Date Incorporated or Qualified: **09/29/1992**
 4. FEI Number: **65-0360471**
 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: Yes No

2. Principal Place of Business: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 25 Country: 29

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

9. Name and Address of Current Registered Agent
**TRIAI, CARLOS A.
 999 PONCE DE LEON BLVD.
 SUITE 1110
 CORAL GABLES FL 33134**

I, 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	
12.1 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	VST TRIAY, CARLOS A.	13.2 NAME	
12.3 STREET ADDRESS	999 PONCE DE LEON BLVD., STE. 1110	13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	CORAL GABLES FL	13.4 CITY-ST-ZIP	
12.1 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	P CABRERA, JOSE	13.2 NAME	
12.3 STREET ADDRESS	3054 N.W. 23 TERR.	13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP	MIAMI FL	13.4 CITY-ST-ZIP	
12.1 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP		13.4 CITY-ST-ZIP	
12.1 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP		13.4 CITY-ST-ZIP	
12.1 TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY-ST-ZIP		13.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **7/6/99** 305-446-4989
 Daytime Phone #

CR2E034 (5/99)

585169-40013-45
V67198

RAPOPORT & TRIAY
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS
ATTORNEYS AT LAW
SUITE 1110
999 PONCE DE LEON BOULEVARD
CORAL GABLES, FLORIDA 33134

ALLEN J. RAPOPORT, P.A.
CARLOS A. TRIAY, P.A.
MARIA FERNANDEZ VALLE
OF COUNSEL

TELEPHONE (305) 446-4988
FAX (305) 446-5821

July 6, 1999

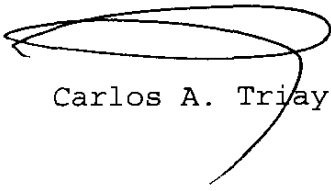
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: VOLCANO PROPERTIES, INC.
DOCUMENT NO. V67198

Ladies/Gentlemen:

Enclosed please find the Annual Report and \$150.00 filing fee, for the above captioned corporation. This Annual Report packet is marked "Second Notice," however, please be advised that we never received the first notice. Please waive the \$400.00 late fee. If you review our previous records, you will note that we have always filed the Annual Report on time.

Very truly yours,


Carlos A. Triay

CT15