

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

0206034

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90099 027 ***150.00

DOCUMENT # **P98000029662**

1. Corporation Name
INVERSIONES PLC, INC.



Principal Place of Business

420 LINCOLN ROAD
SUITE 432
MIAMI BEACH FL 33139

Mailing Address

420 LINCOLN ROAD
SUITE 432
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/31/1998

4. FEI Number

65-0824025

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

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE
SUITE 125
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name

PLC Investments, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)

420 Lincoln Road

83

Suite 432

84 City

Miami Beach

85 Zip Code

FL 33139

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

Hilda C. Montero
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME CEJAS, PAUL L
STREET ADDRESS 420 LINCOLN ROAD SUITE 432
CITY-ST-ZIP MIAMI BEACH FL 33139

DELETE

TITLE D
NAME NEITZEL, JULIE
STREET ADDRESS 420 LINCOLN ROAD SUITE 432
CITY-ST-ZIP MIAMI BEACH FL 33139

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director
1.2 NAME Cejas, Pablo L.
1.3 STREET ADDRESS 420 Lincoln Road, Suite 432
1.4 CITY-ST-ZIP Miami Beach, FL 33139

Change Addition

2.1 TITLE Vice President/Director
2.2 NAME Neitzel, Julie
2.3 STREET ADDRESS 420 Lincoln Road Suite 432
2.4 CITY-ST-ZIP Miami Beach, FL 33139

Change Addition

3.1 TITLE Secretary/Director
3.2 NAME Montero, Hilda C.
3.3 STREET ADDRESS 420 Lincoln Road Suite 432
3.4 CITY-ST-ZIP Miami Beach, FL 33139

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

Hilda C. Montero, Secretary

SIGNATURE:

Hilda C. Montero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

Date

305-531-5220

Daytime Phone #

CR2E034 (11/98)