


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90084 045 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N22691</b>					
1. Corporation Name <b>INDIOS, INC.</b>					
Principal Place of Business 16630 S.W. WARFIELD P.O. BOX 901 INDIANTOWN FL 34956			Mailing Address 16630 S.W. WARFIELD P.O. BOX 901 INDIANTOWN FL 34956		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/28/1987 4. FEI Number 59-2832745 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>POWERS, COLLETTE MYRTLE DRIVE, P.O. BOX 8 INDIANTOWN FL 33456</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POWERS, COLETTE		1.2 NAME		
STREET ADDRESS	P.O. BOX 8 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		1.4 CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARIAS, LEONEL		2.2 NAME		
STREET ADDRESS	P O BOX 513 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		2.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEFKER, PAUL		3.2 NAME		
STREET ADDRESS	P.O. BOX 294 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'LAUGHLIN, REV. FRANK		4.2 NAME		
STREET ADDRESS	10935 S MILITARY TR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APPLETON, EDWARD		5.2 NAME		
STREET ADDRESS	P.O. BOX 365 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		5.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTRO, SOCCORRO		6.2 NAME		
STREET ADDRESS	15151 SW CHICKEE ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANTOWN FL		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 617, 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:** *Paul E. Siecker* **SIGNATURE REQUIRED** *1/7/99 561-597-3838*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)