

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P98000049982

1. Corporation Name
STERLING SECURITIES CORP.

Principal Place of Business
1401 BRICKELL AVENUE
SUITE 460
MIAMI FL 33134-3502

Mailing Address
1401 BRICKELL AVENUE
SUITE 460
MIAMI FL 33134-3502

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90224 018 ***158.75



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 1401 BRICKELL AVENUE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 460

27

City & State

City & State

23 Miami, FL

28

Zip

Country

Zip

Country

24 33131

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MATTOS, NADGA
STREET ADDRESS 1401 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33134-3502
☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☒ Addition

TITLE VD
NAME CANO, LUIS F.
STREET ADDRESS 1401 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33134-3502
☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition

TITLE STD
NAME GARCIA, JUAN M
STREET ADDRESS 1401 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33134-3502
☐ DELETE

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

TITLE D
NAME CABRERA, RUBEN
STREET ADDRESS 1401 BRICKELL AVENUE
CITY-ST-ZIP MIAMI FL 33134-3502
☒ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 19/99

(305) 371-9941

Date

Daytime Phone #

0187230

CR2E034 (11/98)