

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90010 016 ***150.00

| | |
|--|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # s20823 ✓

1. Corporation Name

CONDOR PRODUCTION CORP.

| | |
|--|---|
| Principal Place of Business | Mailing Address |
| % BENEDETTI & BENEDETTI P.O. BOX 850120 PANAMA, REPUBLIC OF PANAMA | % MENDIVE & ASSOC., P.A. 250 CATALONIA AVENUE SUITE 705 CORAL GABLES, FL 33134 |

DO NOT WRITE IN THIS SPACE

| | | | | |
|--------------------------------|------------------------|---|--|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 11/27/1990 | 65-0230359 | Not Applicable |
| 23 City & State | 27 City & State | 5. Certificate of Status Desired | 6. Election Campaign Financing | 8. This corporation owes the current year Intangible Personal Property Tax. |
| 24 Zip | 29 Zip | <input type="checkbox"/> \$8.75 Additional Fee Required | <input type="checkbox"/> \$5.00 May Be Added to Fees | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 25 Country | 30 Country | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMANDO G. MENDIVE
MENDIVE & ASSOCIATES, P.A.
250 CATALONIA AVENUE, SUITE 705
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 | PSD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GIUSEPPE PEDERSOLI | 1.2 NAME | |
| STREET ADDRESS | 156 VIALE CORTINA D'AMPEZZO | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | ROME, ITALY 00125 | 1.4 CITY - ST - ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ELOY BENEDETTI | 2.2 NAME | |
| STREET ADDRESS | COMOSA BLDG 10th FL, AVE SAMUEL LEWIS | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PANAMA 5, REPUBLIC OF PANAMA | 2.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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:

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #