


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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 852801 (0)

1. Corporation Name
MONTICELLI INVESTMENTS, INC.



Principal Place of Business % HELGA J. MARKOVICS 1518 STATE AVENUE "A" HOLLY HILL FL 32117 US	Mailing Address % HELGA J. MARKOVICS 1518 STATE AVENUE "A" HOLLY HILL FL 32117 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1982	
21		26		4. FEI Number 59-2750149	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent MARKOVICS, HELGA J. 1518 STATE AVENUE UNIT A HOLLY HILL FL 32117				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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	FRANCESCHI, MAURO	1.2 NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARICE, ROBERTO	2.2 NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCESCHI, JUAN GUIDO	3.2 NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALVENTANO, FRANCISCO	4.2 NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCESCHI, SANTE	5.2 NAME	
STREET ADDRESS	AVE. 15 ESQ. CALLE 70	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARACAIBO, VENEZUELA	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKOVICS, HELGA J.(ASST)	6.2 NAME	
STREET ADDRESS	10 RIDGE TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH 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; 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. I am attaching _____ with an address.

SIGNATURE: *[Signature]* HELGA MARKOVICS P.E. 1-19-98 (904) 677-2741

CR2E034 (10/97)