


**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90003 027 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # F96000003236

1. Corporation Name

KARLYN ENTERPRISES, INC.



Principal Place of Business 7365 NW 7TH ST. MIAMI FL 33126	Mailing Address 7365 NW 7TH ST. MIAMI FL 33126
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7350 NW 7th St. #101 Suite, Apt. #, etc.		2a. Mailing Address 26 7350 NW 7th St. #101 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/26/1996	
22 City & State 23 Miami, FL 33126		27 City & State 28 Miami, FL 33126		4. FEI Number 65-0680940	
24 Zip 25 Country		29 Zip 30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FRANCO, MANUEL 7365 NW 7TH ST MIAMI FL 33126		10. Name and Address of New Registered Agent 81 Name MANUEL FRANCO 82 Street Address (P.O. Box Number is Not Acceptable) 83 7350 NW 7th St. #101 84 City Miami, FL 35 Zip Code 33126	
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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	P	1.1 TITLE	P
NAME	FRANCO, MANUEL	1.2 NAME	MANUEL FRANCO
STREET ADDRESS	7365 NW 7TH STREET	1.3 STREET ADDRESS	7350 NW 7th St. #101
CITY-ST- ZIP	MIAMI FL 33126	1.4 CITY-ST- ZIP	Miami, FL 33126
TITLE	S	2.1 TITLE	S
NAME	FRANCO, IDALIA	2.2 NAME	IDALIA FRANCO
STREET ADDRESS	7365 NW 7TH STREET	2.3 STREET ADDRESS	7350 NW 7th St. #101
CITY-ST- ZIP	MIAMI FL 33126	2.4 CITY-ST- ZIP	Miami, FL 33126
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST- ZIP		3.4 CITY-ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST- ZIP		4.4 CITY-ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST- ZIP		5.4 CITY-ST- ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF GRANTING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Manuel Franco*

305-266-8023