

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

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

05-13-1999 90008 025 ***150.00

DOCUMENT # F98000000171 ✓
1. Corporation Name
MARTISUR INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
5100 NW 33 AVENUE 5100 NW 33 AVENUE
SUITE 250 SUITE 250
FT. LAUDERDALE, FL 33309 FORT. LAUDERDALE, FL
33309

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 5100 NW 33 AVENUE	26 5100 NW 33 AVENUE	12/29/97	66-0554212	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22 SUITE 250	27 SUITE 250	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23 FT LAUDERDALE, FL	28 FT. LAUDERDALE, FL	<input type="checkbox"/>		
Zip Country	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 33309 25 USA	29 33309 30 USA			

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Allen H. LIBOW	81 Name
301 YAMATO, SUITE 4199	82 Street Address (P.O. Box Number is Not Acceptable)
BOCA RATON, FL 33431	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	DIRECTOR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D.P.T.S. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENRIQUE JOSE DIZ	1.2 NAME	ALFREDO MARIA LESSA MARQUEZ
STREET ADDRESS	ROAD TOWN, PO BOX 3321	1.3 STREET ADDRESS	ROAD TOWN, PO BOX 3321
CITY-ST-ZIP	TORTOLA, BRITISH VIRGIN ISLANDS	1.4 CITY-ST-ZIP	TORTOLA, BRITISH VIRGIN ISLANDS
TITLE	P.T.S. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	ENRIQUE JOSE DIZ	2.2 NAME	
STREET ADDRESS	ROAD TOWN, PO BOX 3321	2.3 STREET ADDRESS	
CITY-ST-ZIP	TORTOLA, BRITISH VIRGIN ISLANDS	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: Richard L. Horne 4/29/99 (954) 735-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)