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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # G82432
 1. Corporation Name
HARPER CORPORATION

Principal Place of Business: 6039 COLLINS AVENUE #905 MIAMI BEACH FL 33140 US
 Mailing Address: 6039 COLLINS AVENUE #905 MIAMI BEACH FL 33140 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 12/08/1983
 4. FEI Number: 59-2345701 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
~~AQUILERA, ANTONIO M., ESQ.~~
~~815 PONCE DE LEON BLVD.~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent
 81 Name: ISAAC MATZ
 82 Street Address (P.O. Box Number is Not Acceptable): 2742 BISCAYNE BLVD.
 83
 84 City: MIAMI FL 85 Zip Code: 33137

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]* DATE: 1/11/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PAEZ, RICARDO H	
STREET ADDRESS	6039 COLLINS AVENUE #905	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	RAZZOTTI, ANTONIO D	
STREET ADDRESS	815 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BODRIQUEZ, EDUARDO	
STREET ADDRESS	815 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	AQUILERA, ANTONIO M	
STREET ADDRESS	815 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, CARLOS	
STREET ADDRESS	815 PONCE DE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	DIRECTOR-VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RODRIGUEZ, FERNANDO	
2.3 STREET ADDRESS	2742 BISCAYNE BLVD.	
2.4 CITY-ST-ZIP	MIAMI, FL 33137	
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VIDAL, ORENTINO	
3.3 STREET ADDRESS	2742 BISCAYNE BLVD.	
3.4 CITY-ST-ZIP	MIAMI, FL 33137	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RODRIGUEZ, CARLOS	
5.3 STREET ADDRESS	2742 BISCAYNE BLVD.	
5.4 CITY-ST-ZIP	MIAMI, FL 33137	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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]* RICARDO H. PAEZ, PRESIDENT January 13th, 1999
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/198)