

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

0269827

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H93020

1. Corporation Name
ATUVI, INC.

Principal Place of Business
1601 N.W. 97TH AVENUE
UNIT C-101
MIAMI FL 33172

Mailing Address
DEPT. 1646
P.O. BOX 025216
MIAMI FL 33102
US

2. Principal Place of Business

21 Dept. 1646

Suite, Apt. #, etc.

22 1601 NW 97th AV, Unit C101

23 City & State
Miami, FL

24 Zip
33172

Country

2a. Mailing Address

26 Dept. 1646

Suite, Apt. #, etc.

27 P.O. Box 025216

28 City & State

Miami, FL

29 Zip
33102

Country
USA

9. Name and Address of Current Registered Agent

INTELMAR U.S.A., INC.
7559 N.W. 70 STREET
ATTN: LEONEL M. BARRIOS
MIAMI FL 33166

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's signature is required when filing this report.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST [] DELETE

NAME PHELPS, WILLIAM J

STREET ADDRESS 1539 HARRISON

CITY-STATE-ZIP HOLLYWOOD FL

TITLE V [] DELETE

NAME PERALTA, MANUEL E

STREET ADDRESS APARTADO 2727

CITY-STATE-ZIP SAN JOSE, COSTA RICA

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

[] Change [] Addition

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****150.00 ****150.00

[] Change [] Addition

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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:  Manuel E. Peralta, V

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/09/99

506/222-8622

Date

Display Phone #

CR2E034 (1/1/98)