

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

FILED
Jan 28, 1999 8:00 am
Secretary of State

01-28-1999 90004 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # J62354

1. Corporation Name
TUMBACO, INC.

Principal Place of Business Mailing Address

7665 N.W. 12TH ST.
 #115
 MIAMI FL 33126-8006

7665 N.W. 12TH ST.
 #115
 MIAMI FL 33126-8006

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21. Suits, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

3. Date incorporated or Qualified
03/18/1997

4. FEI Number
59-2782519

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$8.00 May Be Added to Fee

7. This corporation owes the current year Intangible Personal Property Tax. Yes No

8. Name and Address of Current Registered Agent

JAWREGUI, MARIA EUGENIA
 8120 SW 67 ST
 MIAMI FL 33143

9. 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 publicly 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 607.0509, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1-28-99**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	DIEZ, GANGOTENUDE DE
STREET ADDRESS	STREET ANTONIO FLORES JGON #20
CITY, ST, ZIP	QUITO EC
TITLE	<input type="checkbox"/> DELETE
NAME	DIEZ, EDUARDO
STREET ADDRESS	STREET ANTONIO FLORES JGON #20
CITY, ST, ZIP	QUITO EC
TITLE	<input type="checkbox"/> DELETE
NAME	LANGPAP, GUNTER
STREET ADDRESS	MILDALGO DE PINTO 780
CITY, ST, ZIP	QUITO EC
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 as an attachment with the address with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/30/99** (305) 591-9002

CR2004 (1-1999)