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

SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # K32149

FLUORITE INVESTMENTS, N.V., INC.

	- A			
Principal Place of Business	Mailing Address			
2450 SW 137TH AVE SUITE 226 MIAMI FL 33175 US	2450 SW 137TH AVE SI MIAMI FL 33175 US	JITE 226	DO NOT WRITE IN TH	IIS SPACE
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.		08/30/1988 4. FEE Number 59-2031936 5. Certificate of Status Desired []	Applied For Not Applicable \$8.75 Additional For Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip [29]	Country [30]	This corporation owes the current year Personal Property Tax	Intangible [[Yes (6 No
9. Name and Address of Curre	ent Registered Agent	hel at	10. Name and Address of New Register	ed Agent
A&P REGISTERED AGENT, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI FL 33175		81 Name 82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
		84 City	F	85 Zip Code
Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig	e of Florida. Such change was	authorized by the corpora	rporation submits this statement for the purpose alian's board of directors. Thereby accept the ap	
SIGNATURE		d e		
Signature typed or printed name of regularish at 12. OFFICERS A	NO DIRECTORS	TE Registered Age a signature requirement. II 13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12

agent. La	m familiar with, and accept the obligations of, Section 6	07.0505, Florid	a Statutes			
SIGNATURE	Signature typed or printed name of registered agont and their apply while	(NOTE R	ones sa anta, que a apelabora as como	dvison solet j		
12. OFFICERS AND DIRECTORS			1 3.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	DELETE	11 TITLE	[Change		
NAME	DIAZ, EDUARDO F.		12 NAME			
STREET ADDRESS	7114 SW 114TH PLACE, TH G		135TREL LADORESS			
CITY-ST-ZIP	MIAMI FL		14 City - S1 - 26*			
TITLE		DELETE	2 t TOLE	[]Change []Addition		
NAME	}		22 NA54	5000028500853		
STREET ADDRESS			2.3 STREET ADDRESS	-04/23/9901103011		
CITY-ST-ZIP			2 4 CiTy - ST - 716	****150.00 ****150.00		
TITLE	I	DELETE	31717(F	[Change [Addition		
NAME			3.7 NAME			
STREET ADORESS			33 STREET ADORESS			
CITY-ST-ZIP			34 CITY-ST ZiP			
TITLE		IDELETE	4 1 TiTLE	[Change [Addition		
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			44 CITY-\$1-7i0			
TITLE		DELFTE	SITITLE	[] Change		
NAME			5.2 NAM5			
STREET ADORESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CiTY -51-2iP			
TITLE	<u></u>) DELETE	€13111.6	[Change [Addition		
NAME			62 NAME			
STREET ADDRESS			€3 \$TREET ADDRESS			
CITY-ST-ZIP			64 City - \$1-7iir			

14. I her/by 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 tegal 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:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)251-2(10

CR2E034 (11/98)