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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 # K76296

1. Corporation Name
EASTWIND HOLDINGS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 SOUTH BISCAYNE BLVD
SUITE 4800
MIAMI FL 33131-1903
US

Mailing Address
C/O PENINSULA REGISTERED AGENTS, INC.
200 S. BISCAYNE BLVD., #4874
MIAMI FL 33131
US

3. Date Incorporated or Qualified
03/29/1989

4. FEI Number
65-0118972

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

2. Principal Place of Business
21 c/o 1200 Brickell Avenue
Suite, Apt. #, etc.
22 Suite 900
City & State
23 Miami Florida
Zip Country
24 33131 25 USA

2a. Mailing Address
26 c/o 1200 Brickell Avenue
Suite, Apt. #, etc.
27 Suite 900
City & State
28 Miami Florida
Zip Country
29 33131 30 USA

9. Name and Address of Current Registered Agent
ADAMS, GALLNAR I
701 BRICKELL AVE
STE 2150
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name
AGIM Registered Agents, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue, Suite 900
83
JMM
84 City
Miami FL
85 Zip Code
33131

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]* President, AGIM Registered Agents, Inc. DATE: 3/26/99

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME D
STREET ADDRESS GUTIERREZ, DIONISIO
CITY-ST-ZIP % 200 S.E. FIRST STREET MIAMI FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, S, T, D Change Addition
1.2 NAME
1.3 STREET ADDRESS c/o 1200 Brickell Avenue, Suite 900
1.4 CITY-ST-ZIP Miami, Florida 33131

2.1 TITLE P Change Addition
2.2 NAME GUTIERREZ, ESPERANZA
2.3 STREET ADDRESS c/o 1200 Brickell Avenue, Suite 900
2.4 CITY-ST-ZIP Miami, FL 33131

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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]* DATE: 4/14/99 DAYTIME PHONE #: 305 416-6800

CR2E034 (1/198)