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APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # K86137

1. Corporation Name
NEW CEDARS, INC.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145	2300 CORAL WAY SUITE 200 MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt. #, etc. 22 SUITE # 200	Suite, Apt. #, etc. 27 SUITE # 200
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33145 Country 25 U.S.	Zip 29 33145 Country 30 U.S.

3. Date Incorporated or Qualified
05/04/1989

4. FEI Number
65-0120119
[ ] 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

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

10. 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 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 ____ AMADA CANTERA LOPEZ.PRES. 6/29/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	[ ] DELETE	1 1 TITLE [ ] Change [ ] Addition
NAME	ROSALES, ANTONIO		1 2 NAME
STREET ADDRESS	6914 N.W. 50TH STREET		1 3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33166		1 4 CITY-ST-ZIP
TITLE		[ ] DELETE	2 1 TITLE [ ] Change [ ] Addition
NAME			2 2 NAME
STREET ADDRESS			2 3 STREET ADDRESS
CITY-ST-ZIP			2 4 CITY-ST-ZIP
TITLE		[ ] DELETE	3 1 TITLE [ ] Change [ ] Addition
NAME			3 2 NAME
STREET ADDRESS			3 3 STREET ADDRESS
CITY-ST-ZIP			3 4 CITY-ST-ZIP
TITLE		[ ] DELETE	4 1 TITLE [ ] Change [ ] Addition
NAME			4 2 NAME
STREET ADDRESS			4 3 STREET ADDRESS
CITY-ST-ZIP			4 4 CITY-ST-ZIP
TITLE		[ ] DELETE	5 1 TITLE [ ] Change [ ] Addition
NAME			5 2 NAME
STREET ADDRESS			5 3 STREET ADDRESS
CITY-ST-ZIP			5 4 CITY-ST-ZIP
TITLE		[ ] DELETE	6 1 TITLE [ ] Change [ ] Addition
NAME			6 2 NAME
STREET ADDRESS			6 3 STREET ADDRESS
CITY-ST-ZIP			6 4 CITY-ST-ZIP

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****150.00 ****150.00

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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: X ____ 3/29/99
ANTONIO ROSALES. PRES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #