

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

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90077 018 ***150.00

DOCUMENT # K91517

1. Corporation Name

STEMA CORPORATION

Principal Place of Business

STEPHEN A. FREEMAN 520 BRICKELL KEY DR STE. 305 MIAMI FL 33131-2608

Mailing Address

STEPHEN A. FREEMAN 520 BRICKELL KEY DR STE. 305 MIAMI FL 33131-2608



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1989

4. FEI Number

65-0124407

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, STEPHEN A. 520 BRICKELL KEY DRIVE STE. 305 MIAMI FL 33131

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE NAME LANDSBERG, PEDRO G. STREET ADDRESS 1740 NW 94TH AVE CITY-ST-ZIP MIAMI FL

TITLE VPS [X] DELETE NAME LANDSBERG, TAMARA B. STREET ADDRESS 1740 NW 94TH AVE CITY-ST-ZIP MIAMI FL

TITLE S [] DELETE NAME FREEMAN, STEPHEN A. STREET ADDRESS 520 BRICKELL KEY DR. 305 CITY-ST-ZIP MIAMI FL

TITLE VP [] DELETE NAME LANDSBERG, GABRIEL B. STREET ADDRESS 1740 NW 94TH AVE CITY-ST-ZIP MIAMI FL

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 PD [X] Change [] Addition 1.2 NAME Landsberg, Pedro G. 1.3 STREET ADDRESS 10838 N.W. 27 Street 1.4 CITY-ST-ZIP Miami, FL 33172

2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

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

4.1 TITLE VP [X] Change [] Addition 4.2 NAME Landsberg, Gabriel B. 4.3 STREET ADDRESS 10838 N.W. 27 Street 4.4 CITY-ST-ZIP Miami, FL 33172

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 and typed or printed name of signing officer or director

Stephen A. Freeman

4/28/99

(305) 374-3800

Date

Daytime Phone #

CR2E034 (11/98)