

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 Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90118 005 ***158.75

DOCUMENT # L51767 Corporation Name MERINI AMERICA LATINA, INC.

Principal Place of Business: VILLA CENTER 804 CORAL GABLES FL 33134 Mailing Address: 241 SEVILLA CENTER SUITE 804 CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

Principal Place of Business, Mailing Address, City & State, Country, Zip

3. Date Incorporated or Qualified: 02/21/1990 4. FEI Number: 65-0184349 5. Certificate of Status Desired: \$8.75 Additional Fee Required 6. Election Campaign Financing: \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax.

9. Name and Address of Current Registered Agent: CUTLER, H JEFFREY 241 SEVILLA CTR STE 805 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

I, the undersigned, being duly sworn, certify that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE OF REGISTERED AGENT: CUTLER, H JEFFREY

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
C LANGFELD, UWE M 241 SEVILLA CTR, #804 CORAL GABLES FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VPD FAZZI, MARIO 241 SEVILLA CTR, #804 CORAL GABLES FL	<input type="checkbox"/> DELETE	1.2 NAME	
PD URBAN, GARY 241 SEVILLA CTR, #804 CORAL GABLES FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
S LUNDEEN, STEPHEN 207 EAST MICHIGAN, #410 MILWAUKEE WI	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
T WILSON, ALSTAIR 241 SEVILLA CTR, #804 CORAL GABLES FL	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	6.2 NAME	
	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

I 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ALSTAIR WILSON 2/4/99 305-445-7997

CR2E034 (11/98)