

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90146 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L98477

1. Corporation Name
BLACK PLUM PROPERTIES, INC.

Principal Place of Business 501 BRICKELL KEY DR., #300 MIAMI FL 33131	Mailing Address 501 BRICKELL KEY DR., #300 MIAMI FL 33131
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8371 S.W. 148th Place Suite, Apt. #, etc.	2a. Mailing Address 26 8371 S.W. 148th Place Suite, Apt. #, etc.
23 Miami, Florida City & State	28 Miami, Florida City & State
24 33193 Zip	29 33193 Zip
25 USA Country	30 USA Country

3. Date Incorporated or Qualified 09/10/1990	4. FEI Number 65-0246293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

AGUDO, MARCELO M
501 BRICKELL KEY DR., #300
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Domingo Bernardo
82 Street Address (P.O. Box Number is Not Acceptable) 570 East 37th Street
83
84 City Hialeah
85 Zip Code FL 33013

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 *Domingo Bernardo* *Domingo Bernardo* *1-19-99*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GAITAN, EDWIN E	
STREET ADDRESS	501 BRICKELL KEY DR., #300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GAITAN, JORGE	
STREET ADDRESS	501 BRICKELL KEY DR., #300	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Resident	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Edwin Gaitan	
1.3 STREET ADDRESS	8371 S.W. 148th Place	
1.4 CITY-ST-ZIP	Miami, FL 33193	
2.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jorge Gaitan	
2.3 STREET ADDRESS	8371 S.W. 148th Place	
2.4 CITY-ST-ZIP	Miami, FL 33193	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edwin Gaitan* *1-19-99* *(305) 382-2894*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)