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

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90070 012 ***158.75

1. Corporation	MENT # M21060 ESTMENTS, INC.)							
Principal Place	of Business	Mailing Address				T INDIANIA ITU LINUT ILUIT UNITU UT	ill Bell Bluit B	IBST BIBIT ATOTI ON	8)1 8191) IBBI
3191 CORAL WA		3191 CORAL WAY				•			
STE 200		STE 200				DO NOT WRITE IN THIS SPACE			
MIAMI FL 33145		MIAMI FL 33145				Date Incorporated or Qualifed			
US		US				09/24/1985			
2 Daineinet Di	ace of Business	2a. Mailing Addres				4. FEI Number		ADD	lied For
	ace of Business	26 Vialing Address	33			59-2626029		<u> </u>	Applicable
Suite, Apt. #	# etc	Suite, Apt. #, 6	etc.					\$8.75 A	dditional
22		27				5. Certifcate of Status Desired		Fee Req	uired
City & State		City & State				6. Election Campaign Financing		\$5.00 A	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the curr	ent year Int		_
24	25	29	30			Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	egistered	Agent	
MESA, JULIAN 3191 CORAL WAY STE 200 MIAMI FL 33145				81 Name 82 Street 83	1919 101	oi 0 P. Perton ss (P. 9. Box Number is Not Accepte WAY		les Zin C	ode .
				84 City	حازر	zuli -	FL		3745
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 bitle if applicable. (NOTE: Registered Agent signature required when reinstating)									
12.		D DIRECTORS	,	13.		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	S	₽ ∕0E	LETE	1.1 TITLE	VI	STD POTO		☐ Change	Addition
NAME	MESA, JULIAN			1.2 NAME	S	ergio C. Perton	200		
STREET ADDRESS	3191 CORAL WAY #200		Į.	1.3 STREET ADDRESS	25 ا				
CITY-ST-ZIP	MIAMI_FL			1.4 CiTY-ST-ZIP	1	1100. 11 [11]	, 4 3		
TITLE	D	☐ DE	LETÉ	2.1 TITLE	P1.	lo G. Chiritoga silla 3786		☐ Change	☐ Addition
NAME	GALO, G. CHIRIBOGA			2.2 NAME	OH.	10 G. O 11 12090			
STREET ADDRESS	CASILLA 3786			2.3 STREET ADDRESS	اکا	51110, 5100		4	
CITY-ST-ZIP	ECUADOR			2. 4 CITY-ST-ZIP	2	<u> UADOI</u>			~ □ Addition:
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NAME				3.2 NAME					
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STREET ADDRESS				4.3 STREET ADDRESS	1				ſ
CITY-ST-ZIP		□ DE	LETE	4 4 CITY-ST-ZIP	╂──			☐ Change	Addition
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NAME				5.3 STREET ADDRESS					}
STREET ADDRESS				5.4 CITY-ST-ZIP					
CITY-ST-ZIP		□ DE	I FTF	6.1 TITLE	1			Change	Addition
TITLE				6.2 NAME				_, -	
NAME STREET ADDRESS				6.3 STREET ADDRESS	3			•	
L STREET AUDRESS!					1				i

6.4 CITY-ST-ZIP 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, e. on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR