

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

FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M35911 (0)  
1. Corporation Name  
NORTHWIND CORPORATION

Principal Place of Business 4821 SW 74TH CT 4800 MIAMI FL 33155 US	Mailing Address C/O PENINSULA REGISTERED AGENTS INC 200 S. BISCAYNE BLVD., #4874 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/29/1986

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 2250 S. Dixie Hwy #2 23 City & State MIAMI FL 24 Zip 33133	2a. Mailing Address 25 C/O LONNIE SOL 26 Suite, Apt. #, etc. 27 2250 S. Dixie Hwy #2 28 City & State MIAMI FL 29 Zip 33133	4. FEI Number 59-2697193	Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.  
200 S BISCAYNE BLVDE  
SUITE 4800  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	FRANK PEREZ-SIAM
82 Street Address (P.O. Box Number is Not Acceptable)	265 SEVILLA AVE
83	
84 City	Coral Gables FL
85 Zip Code	33134

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

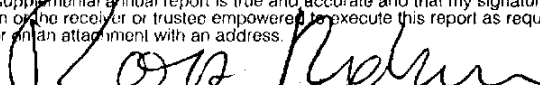
(NOTE: Registered Agent signature required when reinstating)

4/13/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, ROSANNE	1.2 NAME	
STREET ADDRESS	4921 SW 74TH CT	1.3 STREET ADDRESS	2250 S. DIXIE HWY, #2
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI - FL - 33133
TITLE	DST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINONES-MEZA, FERNANDO	2.2 NAME	
STREET ADDRESS	4921 SW 74TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOWBIN, RENEE J	3.2 NAME	
STREET ADDRESS	4921 SW 74TH CT.	3.3 STREET ADDRESS	2250 S. DIXIE HWY, #2
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI - FL - 33133
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ-MONTES, WALDO	4.2 NAME	
STREET ADDRESS	4921 SW 74TH CT.	4.3 STREET ADDRESS	2250 S. DIXIE HWY, #2
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI - FL - 33133
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE:



4/16/98

CR2E034 (10/97)