

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 24, 1999 8:00 am
Secretary of State

02-24-1999 90020 020 ***150.00

DOCUMENT # M43355

1. Corporation Name

BANKEST CAPITAL CORP.

2221
591-000

Principal Place of Business

1395 BRICKWELL AVE
7TH FLOOR
MIAMI FL 33131-1809
US

Mailing Address

1395 BRICKWELL AVE
7TH FLOOR
MIAMI FL 33131-1809
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/16/1986

4. FEI Number

59-2763892

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

9. Name and Address of Current Registered Agent

STANHAM, R. PETER
BANKEST CAPITAL CORP
1395 BRICKELL AVENUE
MIAMI FL 33131

10. Name and Address of New Registered Agent

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	D	DELETE
NAME	ORLANSKY, EDUARDO	
STREET ADDRESS	1395 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	DELETE
NAME	ORLANSKY, HECTOR	
STREET ADDRESS	1395 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DV	DELETE
NAME	STANHAM, PETER	
STREET ADDRESS	1395 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	999 BRICKELL AVENUE 11TH FLOOR
1.4 CITY-ST-ZIP	MIAMI FLORIDA 33131
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	999 BRICKELL AVENUE 11TH FLOOR
2.4 CITY-ST-ZIP	MIAMI FLORIDA 33131
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	999 BRICKELL AVENUE 11TH FLOOR
3.4 CITY-ST-ZIP	MIAMI FLORIDA 33131
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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

Date

Daytime Phone #

CR2E034 (1/98)