

3-17-98 B- 33666 -c
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 17 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 # M47656 (7)
1. Corporation Name
LOS ANOS LOCOS INC.

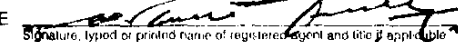


Principal Place of Business 401 BISCAYNE BLVD SUITE 210 BAYSIDE MIAMI FL 33132	Mailing Address 401 BISCAYNE BLVD SUITE 210 BAYSIDE MIAMI FL 33132
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1771 CORAL WAY. Suite, Apt. #, etc. 22 City & State 23 Miami 24 Zip 33135 Country DADE		2a. Mailing Address 26 1771 Coral Way. Suite, Apt. #, etc. 27 City & State 28 MIAMI 29 Zip 33135 Country DADE		3. Date Incorporated or Qualified 03/04/1987	
		4. FEI Number 59-2781150		Applied For <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent FILARDI, NORBERTO 401 BISCAYNE BLVD. MIAMI FL				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1771 CORAL WAY. 83 84 City MIAMI FL 85 Zip Code 33135	

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  DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FILARDI, NORBERTO			1.2 NAME			
STREET ADDRESS	401 BISCAYNE BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FILARDI, ANA PATRICIA			2.2 NAME			
STREET ADDRESS	401 BISCAYNE BLVD			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 on an attachment with an address.

SIGNATURE:  MARCH 5 P8

CR2E034 (10/97)