

FILE NOW: FILE IG FEE AFTE. MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90209 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1998 99		FLORIDA DEPARTMENT OF STATE Sandra B. Morthens Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 190895 (7)
 T. Corporation Name
SEVENTY-SECOND PARCEL CORP.



Principal Place of Business CALLE LA FLORESTA, RES. 48 ENCANTO, P.H. LA CAMPINA, CARACAS, VENEZ (1 0	Mailing Address 9200 SOUTH DADELAND BLVD. DADELAND TOWERS, SUITE 402 MIAMI FL 33158
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business	22a. Mailing Address 28. 901 Ponce de Leon Blvd.	4. FEI Number 85-0073129	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. Suite: Apt. #, etc. Penthouse Suite	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
23. City & State	28. City & State Coral Gables, FL	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	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
24. Zip	29. Zip 33134	30. Country USA	

9. Name and Address of Current Registered Agent
ASCHENBRENNER, I CHARD W
8200 SOUTH DADELAND TOWERS SUITE 402
MIAMI FL 33158

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
901 Ponce de Leon Blvd., Penthouse Suite
 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 607.1505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1101 NAME PRADO, MARTA STREET ADDRESS 9200 S. DADELAND TOWERS SUITE 402 CITY-ST-ZIP MIAMI FL 33158	<input type="checkbox"/> DELETE	1111 NAME PRADO, MARTA STREET ADDRESS 901 Ponce de Leon Blvd., Penthouse Suite CITY-ST-ZIP Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1102 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1121 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1103 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1131 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1104 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1141 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1105 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1151 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1106 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1161 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1107 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1171 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1108 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1181 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1109 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	1191 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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; and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: *Marta Prado* President, MARTA PRADO 4/28/99 (305) 670-6061

DO NOT DETACH THIS SUB

DO NOT WRITE OR MAKE ANY MARKS OR NOTATIONS

CR2E004 (10/97)