

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$204.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000681

1. Corporation Name
COMITES INCORPORATED

Principal Place of Business
P. O. BOX 601684
NORTH MIAMI BEACH FL 33160
US

Mailing Address
P. O. BOX 601684
NORTH MIAMI BEACH FL 33160
US

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 19 AM 11:37

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/08/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0440878
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CHIARATO, UGO V 220 71ST ST STE 213 MIAMI BCH FL 33141	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PR P PASCALI, GRAZIANO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12525 SW 33 STREET	1.2 NAME	
STREET ADDRESS	MIAMI FL 33175	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TR P CHIARATO, UGO V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	220 71ST STREET STE 213	2.2 NAME	
STREET ADDRESS	MIAMI BCH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ALLOCCO, CARLO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	24 CRANDON BLVD.	3.2 NAME	
STREET ADDRESS	KEY BISCAYNE FL 33149	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D GIORDANI, RAFFAELE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1760 S.W. 14TH STREET	4.2 NAME	
STREET ADDRESS	MIAMI FL 33145	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 617, 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: APPROPRIATE REQUIRED FOR FILING NOV 15, 1999 (305) 868.7060 p.m.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

Ugo V. Chiarato

Certified Public Accountant . Florida and New York

280 71st Street Suite 213
Miami Beach, Florida 33141

305-861-2000 305-868-7060 Afternoon
VoiceMail / Fax 305-868-2500
E-Mail: uclac@Worldnet.att.net

CERTIFIED LETTER

Florida Dept. of State
Division of Corporations
Reinstatement Office
P.O. Box 6327
Tallahassee, Fl. 32314

Nov.15. 1999

To the attention of Mr. Sean Tower

- 1) Following our to-day's conversation, I enclose herewith :
 - 8 originally signed Annual Reports amended as requested (non-profit Comites N 92000000681, Capalbo p 98000025794 Eng. & Arch. P 97000021572 Multi Cons. P 97000021569 Elenos P 94000008876 Optical St. P 98000054833 Iapidis P 96000029568
- 2) As agreed, American Market Enterprise Inc. P 97000025533 is in good standing as shown in the attached Corp. Inquiry Public access. Please confirm explicitly.
- 3) In lieu of Furado Inc. P 98000044256 which shall be dissolved. please apply the available fee to Borsani Inc. P 94000071637
- 3) Please confirm that non-profit N9300003597 Miami Int'l Ch. of Commerce is in good standing.
- 4) Last but not least, you would oblige by stating the reasons why my client Traxis Inc. P 98000012231 F.E.I. 65-0817161 has been penalized despite having paid the fee on time. What is the ground of that \$ 550.- and your request for additional \$ 200.?

Let me thank you for solving the above problems, which had a dangerous potential for my relationship with clients.
Looking forward to hearing from you, I remain,

Yours respectfully,

Ugo V. Chiarato

*Fellowship University of Miami-Member, American and Florida Institute of Certified Accountants
American Accounting Associations, The Institute of Internal Auditors, National Association of Accountants,
Nationale Confederatie van het Kaderpersoneel / Confédération Nationale des Cadres (Belgium)*