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**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90022 016 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000460**

1. Corporation Name  
**BUENAS NOTICIAS DE FE, INC.**

Principal Place of Business 5619 S UNIVERSITY DRIVE DAVIE FL 33328 US	Mailing Address PO BOX 292603 DAVIE FL 33329 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/31/1994</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>65-0460524</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Zip	25 Country	29 Zip
26 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**SIERRA, VIRGILIO**  
**5229 SW 117 AVENUE**  
**COOPER CITY FL 33330**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIERRA, VIRGILIO	
STREET ADDRESS	5229 SW 117TH AVE	
CITY-ST-ZIP	COOPER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIERRA, MARIA J.	
STREET ADDRESS	17744 SW 19TH STREET	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SIERRA, JORGE	
STREET ADDRESS	13436 NW 5TH PLACE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FIGUEROA, CECILIA	
STREET ADDRESS	9421 EVERGREEN PL. APT. 101	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OSORIO, LIBIA	
STREET ADDRESS	505 S. PINE ISLAND ROAD, APT. 410	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIGUEROA, JOSE	
STREET ADDRESS	9421 EVERGREEN PL. APT. 101	
CITY-ST-ZIP	FT. LAUDERDALE FL 33324	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DS FIGUEROA CECILIA</b>
4.3 STREET ADDRESS	<b>4982 S.W. 122 TERR.</b>
4.4 CITY-ST-ZIP	<b>COOPER CITY, FL 33330</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D JOSE HERNANDEZ</b>
5.3 STREET ADDRESS	<b>2240 S.W. 44 AVE.</b>
5.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33317</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D FIGUEROA JOSE</b>
6.3 STREET ADDRESS	<b>4982 S.W. 122 TERR</b>
6.4 CITY-ST-ZIP	<b>COOPER CITY, FL 33330</b>

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: Jorge Sierra SIGNATURE REQUIRED **3/29/99** (954) 846-9169  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)