


FILE NOW: FILING FEE IS \$61.25

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

03-31-1999 90048 046 \*\*\*\*70.00

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000689**

1. Corporation Name

**INTERNATIONAL INSTITUTE OF PROJECTIOLOGY, INC.**

Principal Place of Business

7800 SW 57TH AVENUE  
SUITE 207-D  
SOUTH MIAMI FL 33143  
US

Mailing Address

7800 SW 57TH AVENUE  
SUITE 207-D  
SOUTH MIAMI FL 33143  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	02/09/1995
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3301961
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

**ALEGRETTI, WAGNER**  
7800 SW 57TH AVENUE  
SUITE 207-D  
SOUTH MIAMI FL 33143

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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		(NOTE: Registered Agent signature required when reinstating)		DATE
Signature, typed or printed name of registered agent and title if applicable.				
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIEIRA, WALDO	1.2 NAME		
STREET ADDRESS	RUA VISCONDE DE PIRAJA, 6 ANDAR 572	1.3 STREET ADDRESS		
CITY-ST-ZIP	RIO DE JANEIRO, RJ, BRAZIL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BONASSI, JOAO A	2.2 NAME		
STREET ADDRESS	RUA VISCONDE DE PIRAJA, 6 ANDAR 572	2.3 STREET ADDRESS		
CITY-ST-ZIP	RIO DE JANEIRO RJ	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAZ, MARINA M	3.2 NAME		
STREET ADDRESS	RUA VISCONDE DE PIRAJA, 6 ANDAR 572	3.3 STREET ADDRESS		
CITY-ST-ZIP	RIO DE JANEIRO RJ	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALEGRETTI, WAGNER	4.2 NAME		
STREET ADDRESS	7800 SW 57TH AVENUE, SUITE 207-D	4.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTH MIAMI FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		5.2 NAME	MD	
STREET ADDRESS		5.3 STREET ADDRESS	MINERO, LUIS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	7800 SW 57 AVE, SUITE 207-D	
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: *Wagner Alegretti* (Wagner Alegretti) 03/05/99 (305) 668-4668

CR2E037 (1/98)