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Jan 28, 1999 8:00am
Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000003277

1. Corporation Name

BEAUTIFUL CAMINO REAL, INC.

Principal Place of Business

980 NORTH FEDERAL HIGHWAY #402
BOCA RATON FL 33432

Mailing Address

980 NORTH FEDERAL HIGHWAY #402
BOCA RATON FL 33432



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/05/1998	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		55 0842961	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <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	
SMITH, BILL T JR. 980 NORTH FEDERAL HIGHWAY SUITE 402 BOCA RATON FL 33432				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
TITLE	D	□ DELETE					
NAME	SMITH, BILL T JR.						
STREET ADDRESS	980 NORTH FEDERAL HIGHWAY #402						
CITY-ST-ZIP	BOCA RATON FL 33432						
TITLE	D	□ DELETE					
NAME	SNYDER, JAMIE						
STREET ADDRESS	POST OFFICE BOX 1525						
CITY-ST-ZIP	BOCA RATON FL 33429						
TITLE	D	□ DELETE					
NAME	GLENNIE, MICHAEL						
STREET ADDRESS	501 EAST CAMINO REAL						
CITY-ST-ZIP	BOCA RATON FL 33431						
TITLE	D	□ DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		□ DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		□ DELETE					
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
1.1 TITLE	□ Change □ Addition						
1.2 NAME							
1.3 STREET ADDRESS							
1.4 CITY-ST-ZIP							
2.1 TITLE	□ Change □ Addition						
2.2 NAME							
2.3 STREET ADDRESS							
2.4 CITY-ST-ZIP							
3.1 TITLE	□ Change □ Addition						
3.2 NAME							
3.3 STREET ADDRESS							
3.4 CITY-ST-ZIP							
4.1 TITLE	□ Change □ Addition						
4.2 NAME							
4.3 STREET ADDRESS							
4.4 CITY-ST-ZIP							
5.1 TITLE	□ Change □ Addition						
5.2 NAME							
5.3 STREET ADDRESS							
5.4 CITY-ST-ZIP							
6.1 TITLE	□ Change □ Addition						
6.2 NAME							
6.3 STREET ADDRESS							
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 any attachment with an address, with all other like empowered.

SIGNATURE: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

CR2E037 (11/98)