

FILE NOW: FILING FEE IS \$61.25

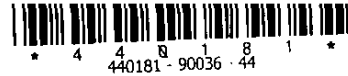
FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90036 044 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000004926

1. Corporation Name
BIRD ROAD ART CONNECTION, INC.



Principal Place of Business 4734 S.W. 75TH AVENUE MIAMI FL 33155	Mailing Address 4734 S.W. 75TH AVENUE MIAMI FL 33155
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/26/1998
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	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 CONSUEGRA, RAFAEL 4734 S.W. 75TH AVENUE MIAMI FL 33155	10. Name and Address of New Registered Agent
81. Name	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 _____

12. OFFICERS AND DIRECTORS		13. ADDITONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONSUEGRA, RAFAEL	1.2 NAME	LORENZO, GLORIA
STREET ADDRESS	4734 S.W. 75TH AVENUE	1.3 STREET ADDRESS	6152 SW 129 CT
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOPICO, VICENTE	2.2 NAME	CANDIOTTI, ANA
STREET ADDRESS	4734 S.W. 75TH AVENUE	2.3 STREET ADDRESS	4229 SW 75TH AVENUE
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINIERI, NUNCIO DR.	3.2 NAME	MAINIERI, NUNCIO
STREET ADDRESS	4734 S.W. 75TH AVENUE 4710	3.3 STREET ADDRESS	4710 S.W. 75TH AVENUE
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	CAMELON, ROBERTO
STREET ADDRESS		4.3 STREET ADDRESS	4734 S.W. 75TH AVENUE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WRIGHT, BETTINA
STREET ADDRESS		5.3 STREET ADDRESS	4734 S.W. 75TH AVE.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	ROSSI, EVA
STREET ADDRESS		6.3 STREET ADDRESS	4734 SW 75TH AVE.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33155

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 of the officer 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: _____ SIGNATURE REQUIRED _____ 04/23/99 305-264-0715

DATE _____ DAYTIME PHONE # _____

CR2E037 (11/98)