


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90228 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000006221

1. Corporation Name

SANTOS F.C. USA, INC.

Principal Place of Business

2226 BALLARD AVENUE
ORLANDO FL 32833

Mailing Address

2226 BALLARD AVENUE
ORLANDO FL 32833

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3544024	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	9. Name and Address of Current Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134				10. Name and Address of New Registered Agent	
				81	Name JOHN P. CARVALHO
				82	Street Address (P.O. Box Number is Not Acceptable) 2226 BALLARD AV
				83	
				84	City ORLANDO FL 85 Zip Code 32823
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 <i>John P. Carvalho</i> JOHN P. CARVALHO - PRESIDENT				DATE 4-5-99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARVALHO, JOHN P	1.2 NAME	
STREET ADDRESS	2226 BALLARD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32833	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELILLI, ENNIO	2.2 NAME	
STREET ADDRESS	2226 BALLARD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32833	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVES, ANA	3.2 NAME	
STREET ADDRESS	2226 BALLARD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32833	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREIDEL, KEITH	4.2 NAME	
STREET ADDRESS	2226 BALLARD AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32833	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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: *W. Kreidel***KEITH KREIDEL**

Date

4/5/99

Secretary's Phone #

(407) 697-4083

CR2E037 (1/1/98)