

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

10/2

FILED

02 APR -8 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P0000005569*
1. Entity Name
99 ASSOCIATES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 99 NW 27th Avenue		3. Mailing Address 99 NW 27th Avenue	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33125	Country USA	Zip 33125	Country USA

01-02 UBR
DO NOT WRITE IN THIS SPACE

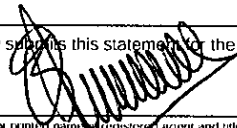
4. FEI Number 65-0980575		Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name Oswaldo E. Romero	
Street Address (P.O. Box Number is Not Acceptable) 99 NW 27th Ave. Suite 200	
City Miami	FL Zip Code 33125

DO NOT WRITE IN THIS SPACE

8. The above named entity signs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE **3/28/2002**

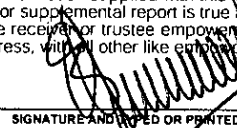
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P V S T D ROMERO, Oswaldo E. 99 NW 27th Ave., Miami, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200005419142-- -05/02/02--01011--002 ****300.00 ****300.00
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CR2E03 (12/01)

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like employment.

SIGNATURE:  DATE: **3/28/2002** DAYTIME PHONE: **(305) 541-3888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99 ASSOCIATES INC.

ZalZ

March 28, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

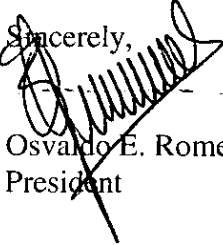
Dear Sir or Madam:

Enclosed herein please find the For Profit Corporation Uniform Business Report (UBR) and a check for \$300.00, which will cover the fees for the years of 2001 and 2002. Also, we respectfully request a waiver of the late penalty fee for the following reasons:

1. We did not receive the Annual Report and Corporate Supplemental fees statement. As a result we did not send the payment.
2. The penalty will be a hardship to our company during this economic slow down.
3. We have always been diligent in paying our expenses and will continue to do so in the future.

Please accept our apology for not making a prompt payment and we will ensure that this does not occur again. We appreciate you taking into consideration our request and look forward to an affirmative response.

Sincerely,


Osvaldo E. Romero
President