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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90172 013 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P08239

1. Corporation Name
MCO INDUSTRIES, INC.



Principal Place of Business
**ROAD 183, KM5
 SAN LORENZO, PUERTO RICO 00754
 OC**

Mailing Address
**P.O. BOX 1264
 SAN LORENZO, PUERTO RICO 00754
 OC**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1985

4. FEI Number **66-0347081** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CROWELL, PATRICK C
 320 N. MAGNOLIA AVE.
 B-9
 ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCOMAS, JOHN	
STREET ADDRESS	P.O. BOX 158 N/A	
CITY-ST-ZIP	MAUNABO, PUERTO RICO 00707	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MCCOMAS DE MIRO, NILDA	
STREET ADDRESS	P.O. BOX 1264 N/A	
CITY-ST-ZIP	SAN LORENZO, PUERTO RICO 00754	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, RENE'	
STREET ADDRESS	P.O. BOX 1264 N/A	
CITY-ST-ZIP	SAN LORENZO, PUERTO RICO 00754	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	MIRANDA, ANGEL M	
STREET ADDRESS	P.O. BOX 1264 N/A	
CITY-ST-ZIP	SAN LORENZO, PUERTO RICO 00754	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NEVAREZ, ANDRES	
STREET ADDRESS	P.O. BOX 158 N/A	
CITY-ST-ZIP	MAUNABO, PUERTO RICO 00707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCOMAS, HUGH	
STREET ADDRESS	P.O. BOX 1264 N/A	
CITY-ST-ZIP	SAN LORENZO, PUERTO RICO 00754	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: _____ DATE: **3-4-99** DAYTIME PHONE #: **407-886-5004**

CR2E034 (11/98)