


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

034030

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90125 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000028568

1. Corporation Name
SURSUM CORDA INCORPORATED



Principal Place of Business 22760 MANDEVILLE SUITE D BOCA RATON FL 33433 US	Mailing Address 22760 MANDEVILLE PL SUITE D BOCA RATON FL 33433
21. Principal Place of Business 21	22. Mailing Address 22
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State 23	28. City & State 28
24. Zip 24	29. Zip 29
25. Country 25	30. Country 30

Handwritten: 541 Golden Harbour Boca Raton, FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/15/1993

4. FEI Number
65-0419460

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

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

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

9. Name and Address of Current Registered Agent

AMEGLIO, JORGE
~~22760 MANDEVILLE PL SUITE D BOCA RATON FL 33433~~
541 Golden Harbour Dr Boca Raton, FL 33432

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEGLIO, JORGE	1.2 NAME	
STREET ADDRESS	22760 MANDEVILLE PL D	1.3 STREET ADDRESS	541 Golden Harbour Dr.
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISNA KARINA AMEGLO	2.2 NAME	
STREET ADDRESS	22760 MANDEVILLE PL D	2.3 STREET ADDRESS	'' ''
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENTEAU, FABIOLA	3.2 NAME	
STREET ADDRESS	22760 MANDEVILLE PL. D	3.3 STREET ADDRESS	'' ''
CITY-ST-ZIP	BOCA RATON FL 33433	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORATI, SOLMORAINE	4.2 NAME	
STREET ADDRESS	22760 MANDEVILLE PL. D	4.3 STREET ADDRESS	'' ''
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMEGLIO, MONICA I	5.2 NAME	
STREET ADDRESS	2270 MANDEVILLE PL. D	5.3 STREET ADDRESS	'' ''
CITY-ST-ZIP	BOCA RATON FL 33433	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 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: _____ **SIGNATURE REQUIRED** Date: **Mar. 9 '99 (561) 338-9284** Daytime Phone: _____

CR2E034 (11/98)