


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

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90126 009 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000055910

1. Corporation Name  
BALITA NATIN, INC.

Principal Place of Business  
16409 ASHWOOD DRIVE  
TAMPA FL 33624-1152

Mailing Address  
16409 ASHWOOD DRIVE  
TAMPA FL 33624-1152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 08/06/1993 4. FEI Number 59-3199631 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUELO, ROBERTO R  
16409 ASHWOOD DRIVE  
TAMPA FL 33624

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELIX, ANDRES A	1.2 NAME	
STREET ADDRESS	3029 OAK COVE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34619	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARLAAN, ARTHUR S	2.2 NAME	
STREET ADDRESS	3508 COUNTRY CREEK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VALRICO FL 33594	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLAYTA, PONCIANO JR	3.2 NAME	
STREET ADDRESS	21 PINWOOD AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34625	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AQUINO, REYNATO S	4.2 NAME	
STREET ADDRESS	2141 WATER OAK DR N	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34624	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUTISTA, LUCITA F	5.2 NAME	
STREET ADDRESS	9720 94TH ST N	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34647	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAGOMEZA, LIWLIWA	6.2 NAME	
STREET ADDRESS	1119 DOCKSIDE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL 33549	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 in an attachment with an address, with a bona fide empowered.

SIGNATURE:

ROBERTO R. RUELO, E.D. DIRECTOR

Date

Daytime Phone #

4-28-99 813 2748806

CR2E034 (11/98)