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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90111 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000008080

1. Corporation Name
FELIX FERNANDEZ USA, INC.



Principal Place of Business 4360 NORTHLAKE BLVD. #205 PALM BEACH GARDENS FL 33410 US	Mailing Address 4360 NORTHLAKE BLVD #205 PALM BEACH GARDENS FL 33410 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1006 Bay Drive #809 Suite, Apt. #, etc. 22 809 City & State 23 Miami Beach Zip 24 33141 Country	2a. Mailing Address 26 P.O. Box 41-6478 Suite, Apt. #, etc. 27 City & State 28 Miami Beach Zip 29 33141-8478 Country
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3. Date Incorporated or Qualified 01/24/1994	4. FEI Number 65-0467245	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MARTIN E. WASHOFSKY, E.A., P.A. 4360 NORTHLAKE BLVD #205 PALM BEACH GARDENS FL 33410
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10. Name and Address of New Registered Agent 81 Name Felix Fernandez 82 Street Address (P.O. Box Number is Not Acceptable) 1006 Bay Drive 83 #809 84 City Miami Beach State FL 85 Zip Code 33141
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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]* DATE **4-14-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, FELIX 4360 NORTHLAKE BLVD., #205 PALM BEACH GARDENS FL 33410	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P.D Felix Fernandez #809 1006 Bay Drive Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: *[Signature]* DATE **4-14-99** DAYTIME PHONE # **305-864-2472**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)