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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **P94000026740**

1. Corporation Name
STARWIND MANAGEMENT CORP.

Principal Place of Business	Mailing Address
~~200 S. BISCAYNE BLVD.~~ ~~STE 4800~~ ~~MIAMI FL 33131~~ ~~US~~	~~% PENINSULA REGISTERED AGENTS INC~~ ~~200 S BISCAYNE BLVD. #4874~~ ~~MIAMI FL 33131~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 1200 Brickell Avenue	26 1200 Brickell Avenue
Suite, Apt. #, etc. 22 Suite 900	Suite, Apt. #, etc. 27 Suite 900
City & State 23 Miami Florida	City & State 28 Miami, Florida
Zip / Country 24 33131 25 USA	Zip / Country 29 33131 30 USA

4. FEI Number: 65-0497357 ☐ Applied For ☐ Not Applicable

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

ADAMS, GALLINAR I
701 BRICKELL AVE
STE 2150
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: AGIM Registered Agents, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1200 Brickell Avenue, Suite 900
83 MAI
84 City: Miami FL 85 Zip Code: 33131

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], President, AGIM REGISTERED AGENTS, INC. DATE: 3/26/99
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	D GUTIERREZ, ESPERANZA ~~200 S. BISCAYNE BLVD. (4800)~~ ~~MIAMI FL~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P,S,D 1200 Brickell Avenue, Suite 900 Miami, Florida 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTIERREZ, ALEJANDRO ~~200S.BISCAYNE BLVD. (4800)~~ ~~MIAMI FL~~	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP,T,Asst. Sec.,D 1200 Brickell Avenue, Suite 900 Miami, Florida 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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] ESPERANZA GUTIERREZ 4-23-99 305 416 6800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #