

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

FILED

Jan 22, 1999 8:00am  
Secretary of State

01-22-1999 90060 012 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION  
ANNUAL REPORT  
1999

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

DOCUMENT # P95000011431

1. Corporation Name  
PESTANA INVESTMENTS, INC.

Principal Place of Business  
911 N.E. 8TH STREET  
POMPANO BEACH FL 33060  
US

Mailing Address  
911 N.E. 8TH ST.  
POMPANO BEACH FL 33060  
US

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|  |                                |
|--|--------------------------------|
| 3. Date Incorporated or Qualified<br>02/08/1995  | Applied For<br>Not Applicable  |
| 4. FEI Number<br>65-0578929  |                                |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>   | \$5.00 May Be Added to Fees    |
| 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                |

9. Name and Address of Current Registered Agent  
PESTANA, MARINA & JOSE  
911 NE 8TH ST  
POMPANO BEACH FL 33441

|   |
|---|
| 10. Name and Address of New Registered Agent          |
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 |                  |
|----------------------------|------------------|
| TITLE                      | PTD              |
| NAME                       | PESTANA, JOSE R  |
| STREET ADDRESS             | 911 N.E. 8TH ST. |
| CITY-ST-ZIP                | POMPANO BEACH FL |
| TITLE                      | VSD              |
| NAME                       | PESTANA, MARINA  |
| STREET ADDRESS             | 911 N.E. 8TH ST. |
| CITY-ST-ZIP                | POMPANO BEACH FL |
| TITLE                      |                  |
| NAME                       |                  |
| STREET ADDRESS             |                  |
| CITY-ST-ZIP                |                  |
| TITLE                      |                  |
| NAME                       |                  |
| STREET ADDRESS             |                  |
| CITY-ST-ZIP                |                  |
| TITLE                      |                  |
| NAME                       |                  |
| STREET ADDRESS             |                  |
| CITY-ST-ZIP                |                  |

| 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: *Marina Pestana*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99 954-941-9305  
Date Daytime Phone #

0154919

CR2E034 (11/98)