

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

04-02-2001 90272 026 *1,050.00
 P95000035873

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED

01 APR 18 PM 2:09

SECRETARY OF STATE
 PALM BEACH, FLORIDA



REINSTATEMENT
 DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000035873

1. Corporation Name
 FONTANA SERVICES CORP.

Principal Place of Business 801 MADRID STREET 106-A CORAL GABLES FL 33134	Mailing Address 801 MADRID STREET 106-A CORAL GABLES FL 33134
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3. Date Incorporated or Qualified
 05/08/1995

2. Principal Place of Business 21 9806 NW 80 AV	2a. Mailing Address 26 9806 NW 80 AV
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4. FEI Number
 65-0582334

Suite, Apt. #, etc. 22 Suite 12-C	Suite, Apt. #, etc. 27 Suite 12-C
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5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 Hialeah Gardens	City & State 28 Hialeah Gardens
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6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 33016	Country 25 DARA	Zip 29 33016	Country 30 DARA
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8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
 FAYA, HIGINIO
 801 MADRID ST
 #106A
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
 81 Name FAYA, HIGINIO
 82 Street Address (P.O. Box Number is Not Acceptable)
 520 SW 63 AV.
 83
 84 City MIAMI FL 85 Zip Code 33144

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 *Higinio Faya* HIGINIO FAYA DATE 03-27-01

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST FAYA, HIGINIO 801 MADRID ST, STE 106-A CORAL GABLES FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

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.

SIGNATURE: *Higinio Faya* SIGNATURE REQUIRED DATE 04-12-01 (305) 975-4188

Higinio Faya (president)

4/3

CR2E034 (5/99)