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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90016 028 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000065721					
1. Corporation Name OCCIDENTAL-NORTH CORPORATION					
Principal Place of Business 7400 SW 132 PL MIAMI FL 33183 US			Mailing Address P.O. BOX 831195 MIAMI FL 33283 US		
2. Principal Place of Business					
21 Suite, Apt. #, etc.			2a. Mailing Address		
22 City & State			27 City & State		
23 Zip			28 Country		
24			29		
25			30		
9. Name and Address of Current Registered Agent ANDOLLO, GUILLERMO JR 7400 SW 132 PL MIAMI FL 33183			10. Name and Address of New Registered Agent		
81 Name			Gisela Andollo		
82 Street Address (P.O. Box Number is Not Acceptable)			7400 SW 132 Place		
83					
84 City			Miami		
			FL		
			Zip Code		
			33183		
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 <i>Gisela Andollo</i> <i>Gisela Andollo</i>					
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					
1.1 TITLE <i>VP</i> <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <i>ANDOLLO, GISELA</i>					
1.3 STREET ADDRESS <i>7400 SW 132 PLACE</i>					
1.4 CITY-ST-ZIP <i>MIAMI FL</i>					
2.1 TITLE <i>P</i> <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME <i>ANDOLLO, JR. G</i>					
2.3 STREET ADDRESS <i>7400 SW 132 PLACE</i>					
2.4 CITY-ST-ZIP <i>MIAMI FL</i>					
3.1 TITLE <input type="checkbox"/> DELETE <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"/> DELETE <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"/> DELETE <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"/> DELETE <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: *Gisela Andollo* *Gisela Andollo* *4-28/99* *(305) 353-5161*

CR2E034 (11/98)