

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Jul 27, 1999 8:00 am Secretary of State

07-27-1999 90010 004 \*\*\*550.00

DOCUMENT # P96000009316 (6)

1. Corporation Name LIANA CORPORATION

Principal Place of Business: 12500 NE 15 AVE. # 315 N. MIAMI FL. 33161  
Mailing Address: 921 WASHINGTON AVE. MIAMI BEACH FL. 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1996

4. FEI Number: 65-0646214

5. Certificate of Status Desired:  Applied For,  Not Applicable. Fee: \$8.75 Additional Fee Required

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax:  Yes,  No

2. Principal Place of Business (1-3): Suite, Apt. #, etc.; City & State; Zip; Country

2a. Mailing Address (26-30): Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

FAJARDO, SANTIAGO  
12500 NE 15 AVE. # 315  
N. MIAMI FL. 33161

10. Name and Address of New Registered Agent (81-85): Name; Street Address (P.O. Box Number is Not Acceptable); City; 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAJARDO, SANTIAGO	1.2 NAME	
STREET ADDRESS	12500 NE 15 AVE. # 315	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL. 33161	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *Santiago Fajardo* Date: 7/15/99 Daytime Phone #