

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	
DOCUMENT # <b>AMEND</b>		<b>996000010121</b>	
1. Corporation Name <b>THIRTY SIX INC. - AMEND</b>			
Principal Place of Business <b>2455 E. Sunrise Blvd. # 503 FORT LAUDERDALE, FL 33304</b>		Mailing Address	
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		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>MARLI OKRASKA 2455 E. SUNRISE BLVD. # 503 FORT LAUDERDALE, FL 33304</b>		<b>NILTON ROSSONI FILHO 2455 E. SUNRISE BLVD. # 503 FORT Lauderdale, FL 33304</b>	
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 <b>X</b>		DATE <b>05/26/99</b>	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	11 TITLE	11 TITLE	
NAME	12 NAME	12 NAME	
STREET ADDRESS	13 STREET ADDRESS	13 STREET ADDRESS	
CITY-ST-ZIP	14 CITY-ST-ZIP	14 CITY-ST-ZIP	
TITLE	21 TITLE	21 TITLE	
NAME	22 NAME	22 NAME	
STREET ADDRESS	23 STREET ADDRESS	23 STREET ADDRESS	
CITY-ST-ZIP	24 CITY-ST-ZIP	24 CITY-ST-ZIP	
TITLE	31 TITLE	31 TITLE	
NAME	32 NAME	32 NAME	
STREET ADDRESS	33 STREET ADDRESS	33 STREET ADDRESS	
CITY-ST-ZIP	34 CITY-ST-ZIP	34 CITY-ST-ZIP	
TITLE	41 TITLE	41 TITLE	
NAME	42 NAME	42 NAME	
STREET ADDRESS	43 STREET ADDRESS	43 STREET ADDRESS	
CITY-ST-ZIP	44 CITY-ST-ZIP	44 CITY-ST-ZIP	
TITLE	51 TITLE	51 TITLE	
NAME	52 NAME	52 NAME	
STREET ADDRESS	53 STREET ADDRESS	53 STREET ADDRESS	
CITY-ST-ZIP	54 CITY-ST-ZIP	54 CITY-ST-ZIP	
TITLE	61 TITLE	61 TITLE	
NAME	62 NAME	62 NAME	
STREET ADDRESS	63 STREET ADDRESS	63 STREET ADDRESS	
CITY-ST-ZIP	64 CITY-ST-ZIP	64 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: **X**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/99

Date

Daytime Phone #

FILED  
99 JUN -2 PM 6:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (11/98)