SECOND: NOTICE: CORPORATION WILL BE DISSULVED ON OR AFTER SEFTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO PROFIT OF STATE •CORPORATION FILED ANNUAL REPORT PORATIONS 00 JAN 21 AM 10: 12 DOCUMENT #/ SECRETARY OF STATE TALLAHASSEE, FLORIDA SPEEDLINE Principal Place of Business Mailing Address WASHINGTON 665 DO NOT WRITE IN THIS SPACE MIAMI BEACH FL. 33139 3. Date Incorporated or Qualified 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5.=Certificate.of Status:Desired:= Fee Required City & State City & State \$5.00-May.Be ... 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year 24 29 30 Intangible Personal Property. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MOYAL, PATRICK 82 N. UNIVERSITY DRIVE 81 82 Street Address (P.O. Box Number is Not Acceptable) 83 PEMBROKE PINES, FL. 33024 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. PHILIPPE <u> PROTIN</u> SIGNATURE Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDENT TITLE 1.1 TITLE DELETE 900003117949=--02/01/00--01051--012 PROTING INS AVE NAME 1 2 NAME AVE #1001 STREET ADDRESS SISI COL 1.3 STREET ADDRESS *****88.75 CITY-ST-ZIP 1.4 CITY-ST-ZIP SIDENT TITLE **X**OELETE 2.1 TITLE Addition NAME **JUNAVIV** 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change ___ Addition NAME 3.2 NAME 900003117949-STREET ADDRESS 3.3 STREET ADDRESS -02/01/00--01051--013 CITY-ST-ZIP 3.4 CITY-ST-ZIP *****70,00. 4.1 TITLE TITLE DELETE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIF 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 reseiver 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 9n an attachment with an address.

SIGNATURE: