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

PROFIT CORPORATION ANNUAL REPORT

1998



FEORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000015705 (2)

MONTE SANTO, INC.

Principal Place of Business

Mailing Address

FILED
Mar 10 1998 8:00am
Secretary of State



1717 NORTH BAYSHORE DR. #3454 MAMI FL 33132-1169		1717 NORTH BAYSHORE DE MIAMI EL 33132-1169	R. #3454	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  02/19/1996
2. Principal Place of Business 21 3820 N.E 2 NE 26 3820 N.E 2			2 nd AVE	4. FEI Number 65-074171Z Applied For Not Applicable
Suite, Apt. (		Suite, Apt. #, etc.		5. Certificate of Status Desired Security Securi
City & State  23 MAM , FL		City & State	FL	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24 33/2	Country 25 MIAMI DADE	≥ 29 33/37 3	Country  MAN DADE	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name				
	REA, SERGIO J			(DO D. W. L. L. N. A.
1717 NORTH BAYSHORE DR. #3454 Miami Fl 33132			82 Street Addr	ress (P.O. Box Number is Not Acceptable)
			84 City	FL 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.				
SIGNATURE				
	Signature, typed or printed name of registered ages OF FICERS AND		Registered Agent signature requirements 13.	ired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	P	DELETE	1.1 TITLE	Change Addition
NAME	CORREA, SERIGO J		1.2 NAME	
STREET ADDRESS	1717 N. BAYSHORE DR. # 3	454	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132		1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	Change Addition
TITLE		☐ DELETE	3.1 TITLE	C Criange Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
NAME !			4, 2 NAME	<del>_</del> <del>-</del>
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TALE	☐ Change ☐ Addition
NAME	1		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY . 51 . 710			6.4 CITY+ST-ZIP	
14. I hereby o	certify that the information supplied w	ith this filing does not qualify for	the exemption stated in	n Section 119.07(3)(i), Florida Statutes.   further certify that the Information

4. Thereby certify that the information supplied with this filling does not quality for the exemption stated in section 119.07(A)), Filling does not quality for the exemption stated in section 119.07(A)), Filling does not quality for the exemption indicated on this annual report or supplied with this filling does not quality for the exemption 119.07(A). Hereby 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 attackment with an address.

SIGNATURE:

Feb. 44 98

(301)438 9797