

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90022 020 ***150.00

DOCUMENT # P96000039454

1. Corporation Name
MASTER PIECES, INC.



Principal Place of Business
614 S.W. FLAGLER ST.
FORT LAUDERDALE FL 33316
US

Mailing Address
POST OFFICE BOX 2462
POMPANO BEACH FL 33061-2462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 302 W. IDA ST.

26 302 W. IDA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TAMPA, FL

28 TAMPA, FL

Zip

Country

Zip

Country

24 33603

25 USA

29 33603

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/30/1996

4. FEI Number

65-0671960

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME GELLENS, LISA B
STREET ADDRESS 140 S.W. 8TH ST., APT. 7
CITY-ST-ZIP POMPANO BEACH FL

TITLE SD
NAME NGUYEN, TUAN
STREET ADDRESS 140 SW 8TH ST APT 7
CITY-ST-ZIP POMPANO BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD
1.2 NAME GELLENS, LISA B
1.3 STREET ADDRESS 302 W. IDA ST
1.4 CITY-ST-ZIP TAMPA, FL 33603

2.1 TITLE SD
2.2 NAME NGUYEN, TUAN
2.3 STREET ADDRESS 302 W. IDA ST
2.4 CITY-ST-ZIP TAMPA, FL 33603

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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: *Lisa B Gellens* *DISABETH GELLENS* 4/8/99 813 238-2197
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #