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May 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P960000 51111			
1. Corporation Name Prisma Import & Export, Inc. ✓			
Principal Place of Business 304 S. Dixie Hwy Pompano Beach, Fl. 33060		Mailing Address same	
2. Principal Place of Business 21 304 S. Dixie Hwy Suite, Apt. #, etc.		2a. Mailing Address 26 304 S. Dixie Hwy Suite, Apt. #, etc.	
22 City & State 23 Pompano Beach, FL		27 City & State 28 Pompano Beach, FL	
24 Zip 33060		29 Zip 33060	
25 Country US		30 Country US	
9. Name and Address of Current Registered Agent Claudio Oliva 11740 NW 35 St. Sunrise Fl. 33323			
10. Name and Address of New Registered Agent 81 Name: Walton Madureira 82 Street Address (P.O. Box Number is Not Acceptable): 304 S. DIXIE Hwy 83 84 City: Pompano Beach FL 85 Zip Code: 33060			
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 Walton Madureira <i>Walton Madureira</i> DATE 6-15-99			
12. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. Walton madureira 1241 N. Dixie Hwy Pompano Beach FL 33060 2. Claudio Oliva 11740 NW 35 St Sunrise Fl 33323			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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: *Walton Madureira*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/17/99 (954) 941-2248

Date

Daytime Phone #

CR2E034 (11/98)