

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0031786

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

09 AUG -4 PM 2: 53

DOCUMENT # P96000073734
 1. Corporation Name
 SANTIAGO'S PINES CORP.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 17185 PINES BLVD
 PEMBROKE PINES FL 33027

Mailing Address
 17185 PINES BLVD
 PEMBROKE PINES FL 33027

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21		26	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified	09/03/1996
4. FEI Number	65-0722961
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
 GORMAN, BETTY
 17185 PINES BLVD
 #1
 PEMBROKE PINES FL 33027

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	300002955343--2
83	-08/10/99--01024--023
84 City	****150.00 ****150.00
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	GORMAN, BETTY	
STREET ADDRESS	17185 PINES BLVD	
CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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. 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.

SIGNATURE: *Betty Gorman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (5/99)

KE 8/11/99

17185 Pines Blvd.
Pembroke Pines, FL 33027



(954) 432-0041
Fax (954) 432-7442

27 July 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Late Filing for Santiago's Pines Corporation

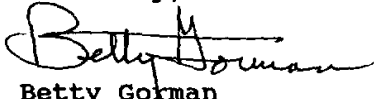
Dear Sirs:

Recently I received a 2nd notice for the filing of my corporation with the state. We have looked everywhere and cannot find the first notice. I have no doubt that you have sent it, however, as I explained to a gentleman by the name of Tyrone in your office, we had a lot of trouble with my former bookkeeper, whom I fired. I have just recently cleared up a misunderstanding with the Internal Revenue Service, which he caused by not filing properly and by doubling my payments. It nearly broke my company. We believe he took the first notice, or misplaced it, not showing it to us. This is our first venture in the United States (we are from the Cayman Islands), and we relied completely upon this bookkeeper. Tyrone suggested that I write to you with the explanation.

I am sending you a check for \$150.00 for my fee, at Tyrone's suggestion, however, if I need more, please contact me immediately and I will remit the remainder of the fee.

I thank you for your understanding in this matter.

Sincerely,


Betty Gorman
Owner