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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000079432

1. Corporation Name
LA FORTUNA USA, INC.



Principal Place of Business: 12550 BISCAYNE BLVD, 213, N. MIAMI BEACH FL 33181, US
Mailing Address: 12550 BISCAYNE BLVD, 213, N. MIAMI BEACH FL 33181, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1996
4. FEI Number: 65-0701313
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

2. Principal Place of Business: 1041 WATERSIDE LN., HOLLYWOOD, FL 33019, USA
2a. Mailing Address: P.O. Box 3015, HALLANDALE, FL 33008-3015, USA

9. Name and Address of Current Registered Agent: EFLANLI, TURKER, 100 BAYVIEW DR., STE. 1712, N. MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent: EFLANLI, TURKER, 1041 WATERSIDE LANE, HOLLYWOOD, FL 33019

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: Mustafa T EFLANLI, DATE: 3/9/1999

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Row 1: P, EFLANLI, TURKER, 100 BAYVIEW DR STE 1712, N MIAMI BEACH FL.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and Change/Addition checkboxes. All fields are empty.

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: Mustafa T EFLANLI, DATE: 3/9/1999, (954) 455-9899

CR2E034 (1/98)