

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

DOCUMENT # P96000093778

1. Corporation Name
EWE OFFICE INVESTMENTS, INC.

Principal Place of Business		Mailing Address	
300 GRECO AVENUE CORAL GABLES FL 33146		300 GRECO AVENUE CORAL GABLES FL 33146	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	24 Country	25 Zip	28 Country
9. Name and Address of Current Registered Agent			
EASTON, EDWARD W 300 GRECO AVENUE CORAL GABLES FL 33146			

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90082 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	11/15/1996	
4. FEI Number	Applied For 65-0719423 Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Trust Fund Contribution Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D EASTON, EDWARD W 300 GRECO AVENUE CORAL GABLES FL 33146</p>		<p>1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>	
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>		<p>6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP</p> <p><input type="checkbox"/> DELETE</p>	

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:

EDWARD W. EASTON REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-23-99

(305) 448-9999

Daytime Phone #

CR20034 (11/98)