

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90054 040 ***150.00

DOCUMENT # P96000095607

OPERATION NAME
& M OF THE KEYS, INC.

Place of Business
OVERSEAS HIGHWAY
FL 33070

Mailing Address
91885 OVERSEAS HIGHWAY
TAVERNIER FL 33070



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/21/1996 | |
| 4. FEI Number 65-0708622 | Applied For <input type="checkbox"/> Not Applicable |
| 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 Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|-------------------|---------------------|
| Place of Business | 2a. Mailing Address |
| 26 | 26 |
| Apt. #, etc. | Suite, Apt. #, etc. |
| 27 | 27 |
| & State | City & State |
| 28 | 28 |
| Country | Zip |
| 25 | 29 |
| Country | 30 |

| | | | |
|---|--|--|--------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| VIOTA-SESIN, LEONARDO 7159 SW 8TH STREET MIAMI FL 33144 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. | |
| | | 84. City | 85. Zip Code |
| | | FL | |

I, the undersigned, certify that I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, and that I am familiar with, and accept the obligations of, Section 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 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.

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|---|
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| D DIAZ, JUAN CARLOS 91885 OVERSEAS HIGHWAY TAVERNIER FL 33070 | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| D MADRIGAL, MANUEL 91885 OVERSEAS HIGHWAY TAVERNIER FL 33070 | <input checked="" type="checkbox"/> DELETE | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

I 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS DIAZ

Date

Daytime Phone #

CR2E034 (11/98)