

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 # P96000098643

1. Corporation Name

EDGEWOOD CONCEPTS, INC.

Principal Place of Business

343 ALMERIA AVENUE
CORAL GABLES FL 33134

Mailing Address

POST OFFICE BOX 144479
CORAL GABLES FL 33114-4479

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81 Name

Spiegel & Utrera, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Avenue

83

84 City

Coral Gables

FL

85 Zip Code

33134

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 the provisions of the Florida Statutes, Chapter 607, Florida Statutes.

SIGNATURE By:

Natalia Utrera, Vice-President

12. OFFICERS AND DIRECTORS

TITLE D SANCHEZ, ELSIE

STREET ADDRESS 343 ALMERIA AVENUE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 APR 30 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/05/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional
Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

[]

Yes

[]

No

10. Name and Address of New Registered Agent

81 Name

Spiegel & Utrera, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

343 Almeria Avenue

83

84 City

Coral Gables

FL

85 Zip Code

33134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[]

Change

[]

Addition

2000002868272--0

-05/07/99--01139--016

****150.00

[]

Change

[]

Addition

[]

Change

[]

Addition

[]

Change

[]

Addition

[]

Change

[]

Addition

[]

Change

[]

Addition

4/28/99

Date

Daytime Phone #

017012

CR2E034 (11/98)