


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morther Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000013151 (0)

1. Corporation Name
BEQUIA HOLDINGS, INC.

Principal Place of Business
500 N MAITLAND AVE. SUITE 305
MAITLAND FL 32751

Mailing Address
500 N MAITLAND AVE. SUITE 305
MAITLAND FL 32751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3439744	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KALMANSON, BARRY 500 N MAITLAND AVE, SUITE 305 MAITLAND FL 32751		10. Name and Address of New Registered Agent	
81	Name	82	Street Address (P.O. Box Number is Not Acceptable)
83		84	City
85	Zip Code	FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	11 NAME
STREET ADDRESS	500 N MAITLAND AVE, SUITE 305	12 STREET ADDRESS	12 NAME
CITY-ST-ZIP	MAITLAND FL 32751	13 CITY-ST-ZIP	13 NAME
TITLE	NAME	14 CITY-ST-ZIP	14 NAME
STREET ADDRESS		21 CITY-ST-ZIP	21 NAME
CITY-ST-ZIP		22 STREET ADDRESS	22 NAME
TITLE	NAME	23 CITY-ST-ZIP	23 NAME
STREET ADDRESS		24 CITY-ST-ZIP	24 NAME
CITY-ST-ZIP		31 CITY-ST-ZIP	31 NAME
TITLE	NAME	32 STREET ADDRESS	32 NAME
STREET ADDRESS		33 CITY-ST-ZIP	33 NAME
CITY-ST-ZIP		41 CITY-ST-ZIP	41 NAME
TITLE	NAME	42 STREET ADDRESS	42 NAME
STREET ADDRESS		43 CITY-ST-ZIP	43 NAME
CITY-ST-ZIP		51 CITY-ST-ZIP	51 NAME
TITLE	NAME	52 STREET ADDRESS	52 NAME
STREET ADDRESS		53 CITY-ST-ZIP	53 NAME
CITY-ST-ZIP		61 CITY-ST-ZIP	61 NAME
TITLE	NAME	62 STREET ADDRESS	62 NAME
STREET ADDRESS		63 CITY-ST-ZIP	63 NAME
CITY-ST-ZIP		64 CITY-ST-ZIP	64 NAME

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 my address.

SIGNATURE _____

CR2E034 (10/97)