


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90014 022 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000025710</b>					
1. Corporation Name <b>AESTEL ENTERPRISES, INC.</b>					
Principal Place of Business 910 NE 27TH AVE POMPANO BEACH FL 33062			Mailing Address 910 NE 27TH AVE POMPANO BEACH FL 33062		
2. Principal Place of Business 21 4945 NW 6th ST Suite, Apt. #, etc. 22 City & State 23 Coconut Creek FL Zip Country 24 33063 25 US		2a. Mailing Address 26 4945 NW 6th ST Suite, Apt. #, etc. 27 City & State 28 Coconut Creek FL Zip Country 29 33063 30 US		3. Date Incorporated or Qualified 03/17/1997 4. FEI Number 65-0815939 65-0737359 Applied For 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	
9. Name and Address of Current Registered Agent AESTEL, WILFRIED 910 NE 27TH AVE POMPANO BEACH FL 33062				10. Name and Address of New Registered Agent 81 Name Wilfried Aestel 82 Street Address (P.O. Box Number is Not Acceptable) 4945 NW 6th ST 83 84 City Coconut Creek FL 85 Zip Code 33063	
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 TITLE DPVT <input type="checkbox"/> DELETE NAME AESTEL, WILFRIED STREET ADDRESS 910 NE 27TH AVE CITY-ST-ZIP POMPANO BEACH FL 33062 TITLE S <input type="checkbox"/> DELETE NAME STREET ADDR 4-30-99 CITY-ST-ZIP TITLE Aestel Enterprises Inc NAME STREET ADDR CITY-ST-ZIP Fed ID # should be: TITLE NAME STREET ADDR 65-0737359 CITY-ST-ZIP TITLE NAME STREET ADDR please correct your CITY-ST-ZIP records, thank you TITLE NAME STREET ADDR CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE DPVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Aestel, Wilfried 1.3 STREET ADDRESS 4945 NW 6th ST 1.4 CITY-ST-ZIP COCONUT CREEK FL 33063 2.1 TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Aestel, Wilfried 2.3 STREET ADDRESS 4945 NW 6th ST 2.4 CITY-ST-ZIP COCONUT CREEK FL 33063 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		

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

Date

Daytime Phone #

CR2E034 (11/98)