

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 17, 1999 8:00 am
Secretary of State

03-17-1999 90064 018 ***150.00

DOCUMENT # P97000025821

1. Corporation Name

SFC CORPORATE SERVICES INC.

Principal Place of Business

2222 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134
US

Mailing Address

2222 PONCE DE LEON BLVD.
SUITE 502
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1997

4. FEI Number

65-0748798

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

21 2100 Ponce de Leon Blvd

2a. Mailing Address

26 2100 Ponce de Leon Blvd

Suite, Apt. #, etc.

22 1203

Suite, Apt. #, etc.

27 1203

City & State

23 Coral Gables, FL

City & State

28 Coral Gables, FL

Zip

24 33134

Country

25 US

Zip

29 33134

Country

30 US

9. Name and Address of Current Registered Agent

NS CORPORATE SERVICES INC.
501 BRICKELL KEY DRIVE
SUITE 400
MIAMI FL 33131

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

TITLE D DELETE

NAME CASTILLO, MARTHA G

STREET ADDRESS 2222 PONCE DE LEON BLVD., SUITE 502

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D DELETE

NAME CASTILLO, FELIX R

STREET ADDRESS 2222 PONCE DE LEON BLVD., SUITE 502

CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D DELETE

NAME SLOSBERGAS, NELSON

STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 400

CITY-ST-ZIP MIAMI FL 33131

TITLE D DELETE

NAME FERNANDEZ, EDUARDO

STREET ADDRESS 501 BRICKELL KEY DRIVE, SUITE 400

CITY-ST-ZIP MIAMI FL 33131

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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

3/16/99

305-446-4670

Date

Daytime Phone #

CR2E034 (11/98)