

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350. IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 16 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026476

1. Corporation Name
STRANDHILL, INC.

Principal Place of Business
PONCE DE LEON BLVD.
SUITE
CORAL GABLES FL 33134

Mailing Address
2222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	03/25/1997
4. FEI Number	65-0826372
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution	<input type="checkbox"/>
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business

2a. Mailing Address

26 1330 Coral Way

Suite, Apt. #, etc.

27 # 305

City & State

28 MIAMI FLORIDA

Zip

29 33145

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

RODON ALVAREZ, MARY L
222 PONCE DE LEON BLVD.
PENTHOUSE SUITE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	VICTOR L. VIDAL
82 Street Address (P.O. Box Number is Not Acceptable)	1330 Coral Way # 305
83	
84 City	MIAMI
85 Zip Code	FL 33145

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)

5/11/00
DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MENICUCCI, RAFAEL
STREET ADDRESS	2222 PONCE DE LEON BLVD. PH SUITE
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	100003312841--3
1.3 STREET ADDRESS	-07/05/00--01058--017
1.4 CITY-ST-ZIP	****750.00 ****750.00
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	100003312841--3
5.3 STREET ADDRESS	-07/05/00--01058--018
5.4 CITY-ST-ZIP	****150.00 ****150.00
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

REINSTATEMENT 99-00 TS

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 to this report.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-2-1999

Date Daytime Phone #

0039372

CR2E034 (5/99)