

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 # P97000037837
1. Corporation Name
GOVERNOR'S PLUM CORP.

99 APR 23 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 100 Southeast 2 Street 17th Floor Miami, Florida 33131	Mailing Address 100 Southeast 2 Street 17th Floor Miami, Florida 33131
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 5267 SW 112 Ave. Suite, Apt. #, etc. 22 City & State 23 Miami, Florida Zip Country 24 33165 25	2a. Mailing Address 26 5267 SW 112 Ave. Suite, Apt. #, etc. 27 City & State 28 Miami, Florida Zip Country 29 33165 30
---	--

3. Date Incorporated or Qualified 4/28/97	4. FEI Number 65-0760048	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 type="checkbox"/> No		

9. Name and Address of Current Registered Agent
John H. Friedhoff
100 Southeast 2 Street
17th Floor
Miami, Florida 33131

10. Name and Address of New Registered Agent B1 Name Spiegel & Utrera, P.A. B2 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue B3 B4 City Coral Gables FL B5 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 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 By: Natalia Utrera, Vice-President DATE 4/20/99
Signature of Agent (required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcelo Henrique-Limirio-Goncalves	1.2 NAME	
STREET ADDRESS	5267 SW 112 Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33165	1.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cleoneice Barbara Limirio-Goncalves	2.2 NAME	
STREET ADDRESS	5267 SW 112 Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33165	2.4 CITY-ST-ZIP	
TITLE	ASS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John H. Friedhoff	3.2 NAME	
STREET ADDRESS	5267 SW 112 Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33165	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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]

B 4/23/99 99 AM

CR2F034 (11/98)