

FILE NOW! FILING DEADLINE MAY 15, 2000

AMENDED PROFIT CORPORATION ANNUAL REPORT 1999 \$61.25

DOCUMENT # P97000041224

1. Corporation Name
FLORIDA HONEY CORPORATION



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 10 PM 12:17

Principal Place of Business Mailing Address
14184 SW. 139 COURT 14184 SW. 139 COURT
MIAMI, FLORIDA 33186 MIAMI, FLORIDA 33186
US. US.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/08/1997
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0759585
24 Country	29 Country	Applied For
	30	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input checked="" 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	10. Name and Address of New Registered Agent
CUBAS, ANDREW ESR. 9200 S. DADELAND BLVD SUITE 602 MIAMI, FL 33156	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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP
NAME	LEOPOLDO JOSE GARD	1.2 NAME	ANTONIO SARLI
STREET ADDRESS	15070 SW 103 LANE #2202	1.3 STREET ADDRESS	15070 SW 103 LANE #2202
CITY-ST-ZIP	MIAMI, FL 33196	1.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	VP	2.1 TITLE	VP
NAME	JORGE ALBERTO FERNANDEZ	2.2 NAME	ANTONIO SARLI
STREET ADDRESS	10876 SW 151 PLACE	2.3 STREET ADDRESS	15070 SW 103 LANE #2202
CITY-ST-ZIP	MIAMI, FL 33196	2.4 CITY-ST-ZIP	MIAMI, FL 33196
TITLE	S	3.1 TITLE	
NAME	ANTONIO SARLI	3.2 NAME	
STREET ADDRESS	15070 SW 103 LANE #2202	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	SEBASTIAN JORGE LEIVA	4.2 NAME	
STREET ADDRESS	15070 SW 103 LANE #2202	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SEBASTIAN JORGE LEIVA

11/05/99

Date

305-9713322

Daytime Phone #

CR2E034 (11/98)