OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. IOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF COMPORATIONS

OCUMENT # P970000423121

OPIER ONE CORP.

cipal Place of Business

BISCAYNE BLVD.

FL 33181

MIAMI FL 33015

Mailing Address

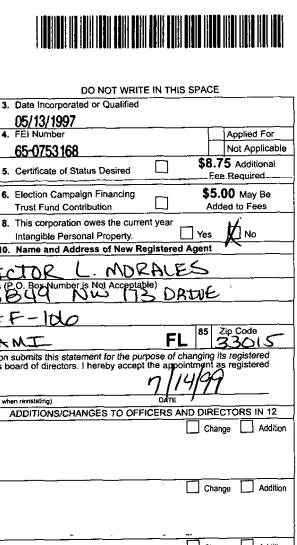
13732 BISCAYNE BLVD.

SUITE 13

MIAMI FL 33181

## Sep 07, 1999 8:00 am Secretary of State

09-07-1999 90004 024 \*\*\*550.00



Change Addition

Change Addition

Addition

Change

rincipal Pi	lace of Business	2a. Mailing Address	_ ^		4, FEI NUMBER	Applied Foi
200	9 NW 173 Drive	26 BYA N	ひロ	3 Div	e 65-0753168	Not Applicable
uite, Apt. #, etc. Suite, Apt. #, etc.			100		5. Certificate of Status Desired	\$8.75 Additional Fee Required
ity & State  City & State  City & State  28 NTAMT			FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
ip 330	Country	Zip 29 33015	Coun	<i>USA</i>	This corporation owes the currer Intangible Personal Property.	Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MORALES, VICTOR L				81 Name VICTOR L. MORALES		
· · · · · · · · · · · · · · · · · · ·			[1	Street Address (P.O. Box Number is Not Acceptable)		
6276 N.W. 186TH STREET #110					6844 NW 113	5 DRIVE
MIAMI FL 33015			Ľ	83 #F-100		
. ,				City U	TAMI	FL 85 Zip Code 33015
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
	PD	DELETE	1.1 TITL	<b> </b>		Change Addition
	MORALES, VICTOR L		1.2 NAM	E		
T ADDRESS	AND ALLE ADOTT ALA		1.3 STRI	ET ADDRESS		
T-ZIP	MIAMI FL 33015		1.4 CITY	ST-ZIP		
``			2.1 TITL	=		Change Addition
	MORALES, LAURA L		2.2 NAM	E		
TANDESS	6276 N.W. 186TH STREET #110		2.3 STR	ET ADDRESS		

2.4 CITY-ST-ZIP

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.1 TITLE

DELETE

DELETE

DELETE

DELETE

6.4 CITY-ST-ZIP T-ZIP 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 ndicated 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 an apartic ment with an address.

GNATURE:

T ADDRESS

T ADDRESS

TADDRESS

TADDRESS

T-ZIP

T-ZIP

T-ZIP