

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


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

**FILED**

00 FEB 16 AM 10:00

**DOCUMENT # P97000052660**

1. Corporation Name

**AUTOMATED FAST ACCESS BUSINESS SOLUTIONS, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**REINSTATEMENT**

DO NOT WRITE IN THIS SPACE

Principal Place of Business

8420 NW 52ND STREET  
S-200  
MIAMI FL 33166  
US

Mailing Address

8420 NW 52ND STREET  
S-200  
MIAMI FL 33166  
US

2. Principal Place of Business

21 **2500 N.W. 79 AVE**

2a. Mailing Address

26 **2500 N.W. 79 AVE**

Suite, Apt. #, etc.

22 **# 2103**

Suite, Apt. #, etc.

27 **# 2103**

City &amp; State

23 **MIAMI, FLORIDA**

City &amp; State

28 **MIAMI, FLORIDA**

Zip Country

24 **33122** 25 **U.S.A.**

Zip Country

29 **33122** 30 **U.S.A.**

9. Name and Address of Current Registered Agent

**DEL RIEGO, EUDARDO**  
**8410 N.W. 53RD TERRACE**  
**SUITE 218**  
**MIAMI FL 33166**

10. Name and Address of New Registered Agent

81 Name **DEL RIEGO, ERNESTO O.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**201 SEVILLA AVENUE, SUITE 306**  
83  
84 City **CORAL GABLES** FL 85 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, 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 **X Ernesto Del Riego** **ERNESTO DEL RIEGO PRESIDENT** 1-13-00  
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 **DEL RIEGO, ENRIQUE V**  
STREET ADDRESS **201 SEVILLA AVE SUITE 306**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

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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 **PRESIDENT & SECRETARY** ☐ Change ☒ Addition  
1.2 NAME **DEL RIEGO, ERNESTO**  
1.3 STREET ADDRESS **201 SEVILLA AVENUE, STE # 306**  
1.4 CITY-ST-ZIP **CORAL GABLES, FLORIDA 33134**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 **X Ernesto Del Riego** **ERNESTO DEL RIEGO PRESIDENT** 1-13-00 (305) 499-3669  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)