SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Oct 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000069491 (3)

1. Corporation Name
COSITAS CHIQUITAS, INC.

Principal Place of Business	Mailing Address
1019 LA QUINTA DRIVE ORLANDO FL 32809	1019 LA QUINTA DRIVE ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1997

4. FEI Number
59-3480945 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [ ] No

2. Principal Place of Business
21 6107 ANNO AVE.
Suite, Apt. #, etc.
22
City & State
23 ORLANDO, FL
Zip
24 32809
Country
25 USA

2a. Mailing Address
26 6107 ANNO AVE
Suite, Apt. #, etc.
27
City & State
28 ORLANDO, FL
Zip
29 32809
Country
30 USA

9. Name and Address of Current Registered Agent
MENA, JOSE R
1019 LA QUINTA DRIVE
ORLANDO FL 32809

10. Name and Address of New Registered Agent
81 Name JOSÉ R. MENA
82 Street Address (P.O. Box Number is Not Acceptable) 1095 SCHAFFER TRAIL
83
84 City ORLANDO FL 85 Zip Code 32765

11. Pursuant to the provisions of sections 607.1502 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] 9-30-98
DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS	[ ] DELETE
NAME	MENA, JOSE R	
STREET ADDRESS	1019 LA QUINTA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE	DVT	[ ] DELETE
NAME	BROWN, KENNETH D	
STREET ADDRESS	1019 LA QUINTA DRIVE	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
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		[X] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS	1095 SCHAFFER TR.	
1 4 CITY-ST-ZIP	OVIEDO, FL 32765	
2 1 TITLE		[X] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS	5064 PARK CENTRAL DR	
2 4 CITY-ST-ZIP	#1718 ORLANDO, FL 328	
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
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.

SIGNATURE [signature] 9-30-98 407-857-8866
SIGNATURE AND TITLE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/98)