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Secretary of State

03-05-1999 90032 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000072547

1. Corporation Name

GAVIRIA CORPORATION

Principal Place of Business

Mailing Address

~~169 EAST FLAGLER ST., STE. 1527~~
~~MIAMI FL 33131~~

~~169 EAST FLAGLER ST., STE. 1527~~
~~MIAMI FL 33131~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	5333 COLLINS AVE	28	5333 COLLINS AVE	08/21/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
PH 9		PH 9		65-077058	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
MIAMI BEACH FL		MIAMI BEACH FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
33140		33140		USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMPSON, DISNEY D 169 EAST FLAGLER ST., STE. 1527 MIAMI FL 33131		81 Name SALAZAR, LUZ MARINA 82 Street Address (P.O. Box Number is Not Acceptable) 5333 COLLINS AVE PH 9 83 84 City MIAMI BEACH FL 85 Zip Code 33140	

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 reinstating)

03/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIRIA, JUAN C	1.2 NAME	GAVIRIA JUAN C.
STREET ADDRESS	169 EAST FLAGLER ST., STE. 1527	1.3 STREET ADDRESS	5333 COLLINS AVE PH 9
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, LUZ M	2.2 NAME	SALAZAR LUZ M.
STREET ADDRESS	169 EAST FLAGLER ST., STE. 1527	2.3 STREET ADDRESS	5333 COLLINS AVE PH 9
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIRIA, JUAN M	3.2 NAME	GAVIRIA JUAN M
STREET ADDRESS	169 EAST FLAGLER ST., STE. 1527	3.3 STREET ADDRESS	5333 COLLINS AVE PH 9
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIRIA, DANIEL	4.2 NAME	GAVIRIA DANIEL
STREET ADDRESS	169 EAST FLAGLER ST., STE. 1527	4.3 STREET ADDRESS	5333 COLLINS AVE PH 9
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	MIAMI BEACH 33140
TITLE		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		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: JUAN CARLOS GAVIRIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN CARLOS GAVIRIA

Date

02/22/99

Daytime Phone #

305-865 3946

CR2E034 (11/98)