

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **P97000083790 (0)**  
1. Corporation Name  
**FULLCORP, INC.**

Principal Place of Business  
**INTER-BOX 2490  
3420 NW 73RD AVENUE  
MIAMI FL 33122**

Mailing Address  
**INTER-BOX 2490  
3420 NW 73RD AVENUE  
MIAMI FL 33122**

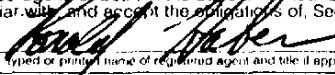


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/29/1997</b>	
21	<b>1031 Ives Dairy Road</b>	26	<b>1031 Ives Dairy Road</b>	4. FEI Number <b>65-0814973</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Suite, Apt. #, etc. 22 <b>Suite 228</b>		Suite, Apt. #, etc. 27 <b>Suite 228</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>Miami, FL</b>		City & State 28 <b>Miami, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33131</b>	Country 25 <b>U.S.A.</b>	Zip 29 <b>33131</b>	Country 30 <b>U.S.A.</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

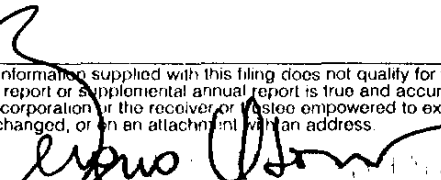
9. Name and Address of Current Registered Agent <b>HABER, RONALD ESO 1370 NW 16TH STREET MIAMI FL 33125</b>		10. Name and Address of New Registered Agent	
		81 Name <b>HABER, Ronald ESO</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>1001 Brickell Bay Drive</b>	
		83	
		84 City <b>Miami,</b>	85 Zip Code <b>FL 33131</b>

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 of 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  **Ronald Haber, Esquire** 2/20/98  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OSORIO, OSCAR EDUARDO B TUCUMAN 1538 P.B. D, 1050 BUENOS AIRES ARGENTINA</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President/Director/S/T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BERGNA-OSORIO, Oscar Eduardo Tucuman 1538, P.B.-'D', P.C. Buenos Aires, ARGENTINA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>Vice-President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CASCARDO, Edward Russell Talcahuano 1276, Piso 16, Dept.B Buenos Aires, ARGENTINA 1014</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE:  **Oscar E. Bergna-Osorio** 2-20-98 305-651-8406

CR2E034 (10/97)