


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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90174 026 \*\*\*158.75



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000083790</b>			
1. Corporation Name <b>FULLCORP, INC.</b>			
Principal Place of Business <b>1031 IVES DAIRY RD STE 228 MIAMI FL 33131 US</b>		Mailing Address <b>1031 IVES DAIRY RD STE 228 MIAMI FL 33131 US</b>	
2. Principal Place of Business		2a. Mailing Address	
21 <b>1031 IVES Dairy Rd.</b>		26 <b>1031 IVES Dairy Rd.</b>	
Suite, Apt. #, etc. 22 <b># 228</b>		Suite, Apt. #, etc. 27 <b># 228</b>	
City & State 23 <b>North Miami Bch., FL</b>		City & State 28 <b>North Miami Bch., FL</b>	
Zip 24 <b>33179</b>		Zip 29 <b>33179</b>	
Country 25		Country 30	
9. Name and Address of Current Registered Agent <b>HABER, RONALD E 1001 BRICKELL BAY DR MIAMI FL 33131</b>		10. Name and Address of New Registered Agent 81 Name <b>OSCAR E. BERNAL-OSORIO</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6834 HARDING AVE, APT. #18</b> 83 84 City <b>MIAMI BEACH</b> FL 85 Zip Code <b>33141</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, 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 <i>[Signature]</i> DATE <b>1-20-99</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PDST</b> <input type="checkbox"/> DELETE NAME <b>BERNAL-OSORIO, OSCAR E</b> STREET ADDRESS <b>TUCUMAN 1538, P B - D, P C</b> CITY-ST-ZIP <b>BUENOS AIRES AR 1014</b>		1.1 TITLE <b>PDST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Bernal-OSORIO, OSCAR E.</b> 1.3 STREET ADDRESS <b>6834 HARDING AVENUE, APT. #18</b> 1.4 CITY-ST-ZIP <b>MIAMI BEACH, FLA 33141</b>	
TITLE <b>VP</b> <input type="checkbox"/> DELETE NAME <b>CASCARDO, EDWARD R</b> STREET ADDRESS <b>TALCAHUANO 1276, PISO 16, DEPT B</b> CITY-ST-ZIP <b>BUENOS AIRES AR 1014</b>		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED **1/20/99 (305) 333-4788**  
Date Daytime Phone #

CR2E034 (11/98)