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PROFIT
CORPORATION
ANNUAL REPORT

2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90181 025 ***150.00

DOCUMENT # P97000083790

1. Corporation Name

FULLCORP, INC. ✓

Principal Place of Business

Mailing Address

1031 IVES DAIRY RD #228
N MIAMI BEACH, FL 331791031 IVES DAIRY RD #228
N MIAMI BEACH, FL 33179

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

25

29

33141

30

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGNA OSORIO, OSCAR E.
6834 HARDING AVENUE #18
MIAMI BEACH, FL 33141

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PDEST	BERGNA OSORIO, OSCAR E.		
STREET ADDRESS	6834 HARDING AVENUE #18	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	CASCARDO, EDWARD R.	2.2 NAME	
STREET ADDRESS	TALCAHUANO 1276, PISO 16, DEPTB	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES, ARG 1014	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/28/2000 (305) 4788

Date

Daytime Phone #

CR2E034 (11/98)