

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

1

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV - 1 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000096266

1. Corporation Name

VIRGIN HOLDING, INC.

Principal Place of Business
9910 SW 137 Avenue
Suite 224
Miami, FL 33186

Mailing Address
the same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/12/97

21. Principal Place of Business
17070 Collins Avenue
Suite, Apt. #, etc.

26. Mailing Address
the same
Suite, Apt. #, etc.

4. FEI Number
65-0794609
Applied For
Not Applicable

22. Suite 267
City & State

27. Suite, Apt. #, etc.
City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23. Miami Beach, FL
Zip Country

28. City & State
Zip Country

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

24. 33160

29. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Spiegel & Utrera, P.A.,
d/b/a AmeriLawyer
343 Almeria Avenue
Coral Gables, FL 33134

81. Name Spiegel & Utrera, P.A.
82. Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue
83.
84. City Coral Gables FL 85. Zip Code 33134

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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE By:

Natalia Utrera, Vice-President

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

1. TITLE PSTD DELETE
2. NAME Cesmeçi, Mustafa
3. STREET ADDRESS 87435 Old Highway
4. CITY-ST-ZIP Islamorada, FL 33036
5. TITLE DELETE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP
9. TITLE DELETE
10. NAME
11. STREET ADDRESS
12. CITY-ST-ZIP
13. TITLE DELETE
14. NAME
15. STREET ADDRESS
16. CITY-ST-ZIP

1.1 TITLE PSTD Change Addition
1.2 NAME Cesmeçi, Mustafa
1.3 STREET ADDRESS 17070 Collins Avenue, Suite 267
1.4 CITY-ST-ZIP Miami Beach, FL 33160
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS 700003033277--2
2.4 CITY-ST-ZIP -11/02/99--01111--001
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

CR2E034 (11/98)

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 trustee 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

Date

Daytime Phone #

