

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

FILED

09 APR 28 PM 3:02

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **12/09/1997**
- 4. FEI Number: **59-3481066** Applied For Not Applicable
- 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required
- 6. Election Campaign Financing / Trust Fund Contribution:  **\$5.00** May Be Added to Fees
- 8. This corporation owes the current year's Personal Property Tax:  Yes  No
- 10. Name and Address of New Registered Agent

**DOCUMENT # P97000103352**

1. Corporation Name  
**ST. ISABEL HOLDINGS, INC.**

Principal Place of Business  
**3617 WEST HUMPHREY STREET  
 SUITE 204  
 TAMPA FL 33614**

Mailing Address  
**3617 WEST HUMPHREY STREET  
 SUITE 204  
 TAMPA FL 33614**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.0503 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. The only accepted appointment as registered agent I am familiar with, **Spiegel & Utrera, P.A.** Florida Statutes

SIGNATURE By: *Natalia Utrera*  
 Signature, typed or printed name: **Natalia Utrera, Vice President**

4/26/99

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>PADILLA, ANTONIO A</b>	
STREET ADDRESS	<b>2502 W ST ISABEL SUITE B</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BLACKBURN, WALLACE A</b>	
STREET ADDRESS	<b>2502 W ST ISABEL SUITE B</b>	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

31 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME	<b>PADILLA, ANTONIO A</b>		
33 STREET ADDRESS	<b>2502 W ST ISABEL SUITE B</b>		
34 CITY-ST-ZIP	<b>TAMPA FL 33607</b>		
35 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
36 NAME	<b>BLACKBURN WALLACE A</b>		
37 STREET ADDRESS	<b>2502 W ST ISABEL SUITE B</b>		
38 CITY-ST-ZIP	<b>TAMPA FL 33607</b>		
39 FEI NUMBER	<b>7000002859917-6</b>		
40 FILING DATE	<b>-05/03/99-01022-003</b>		
41 FILING FEE	<b>****150.00</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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)(b) 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: *Wallace A Blackburn* **WALLACE A BLACKBURN 4-21-99 813 931 8853**

0592159  
CR2E034 (11/99)