


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

08-02-1999 90001 004 \*\*\*550.00

<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 # P97000104180</b>					
1. Corporation Name <b>FORMULA C-5, INC.</b>					

Principal Place of Business 380 LEUCADENDRA DRIVE CORAL GABLES FL 33156	Mailing Address 380 LEUCADENDRA DRIVE CORAL GABLES FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business				2a. Mailing Address				3. Date Incorporated or Qualified 12/10/1997			
21 Suite, Apt. #, etc.				26 Suite, Apt. #, etc.				4. FEI Number 65-0806565			
22 City & State				27 City & State				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip				28 Zip				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country				29 Country				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MADIGAN, TERRELL C 200 W COLLEGE AVE THIRD FLOOR TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
81 Name				ANTHONY R. MORGENTHAU			
82 Street Address (P.O. Box Number is Not Acceptable)				380 LEUCADENDRA DRIVE			
83							
84 City				CORAL GABLES			
85 Zip Code				FL 33156			

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 607.1505, Florida Statutes.

SIGNATURE Anthony R. Morgenthau DATE 8/6/99  
Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGENTHAU, ANTHONY R	1.2 NAME	
STREET ADDRESS	380 LEUCADENDRA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33156	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 in an attachment with an address.

SIGNATURE: Anthony R. Morgenthau DATE 7/21/99 DAYTIME PHONE # 305 668 6441  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)