


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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90042 002 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000000911

1. Corporation Name
GUIVOR, CORP.

Principal Place of Business
**C/O ROTH, MILNE & RUSSO
9350 SOUTH DIXIE HWY. PH2
MIAMI FL 33156**

Mailing Address
**C/O ROTH, MILNE & RUSSO
9350 SOUTH DIXIE HWY. PH2
MIAMI FL 33156**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Roth, Rouso & Benjamin, PA. Suite, Apt. #, etc. 22 PH2, 9350 S. Dixie Hwy. City & State 23 Miami, Florida Zip 24 33156		2a. Mailing Address 26 Roth, Rouso & Benjamin, P.A. Suite, Apt. #, etc. 27 PH2, 9350 S. Dixie Hwy. City & State 28 Miami, Florida Zip 29 33156		3. Date Incorporated or Qualified 01/06/1998	
		4. FEI Number 65-0808399		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ROTH, LEONARDO A 9350 SOUTH DIXIE HWY PH2 MIAMI FL 33156		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 Leonardo A. Roth (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MALENA DINA	1.2 NAME	
STREET ADDRESS	AVENIDA PUEYRREDON 947, PISO 13 A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, MALENA DINA	2.2 NAME	
STREET ADDRESS	AVENIDA PUEYRREDON 947, PISO 13 A	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUENOS AIRES, ARGENTINA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 on an attachment with an address, with all other like empowered.

SIGNATURE: MALENA (DINA) COHEN Date: 9/19/99 Daytime Phone #: (305) 670-9554

CR2E034 (11/98)