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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000004026

1. Corporation Name
PAGANI INVESTMENT GROUP, INC.

Principal Place of Business	Mailing Address
6236 S.W. 26TH STREET MIAMI FL 33155	6236 S.W. 26TH STREET MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 9140 SW 156 CT	3. Date Incorporated or Qualified 01/12/1998	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0808219	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami FL	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 33196 / 30 U.S.A.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VALENCIA, ELIZABETH
6236 S.W. 26TH STREET
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: Orlando C Piedra
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5394 SW 119 AVE
84 City: Cooper City FL 85 Zip Code: 33330

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 _____ 4/30/99
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		
TITLE	P	☐ DELETE	1.1 TITLE	Laura I Lopez	☒ Change ☒ Addition
NAME	Laura I Lopez		1.2 NAME		
STREET ADDRESS	9140 SW 156 CT		1.3 STREET ADDRESS	9140 SW 156 CT	
CITY-ST-ZIP	Miami FL 33196		1.4 CITY-ST-ZIP	Miami FL 33196	
TITLE	VP, T, S	☐ DELETE	2.1 TITLE	VP, T.S.	☒ Change ☒ Addition
NAME			2.2 NAME	Elizabeth Valencia	
STREET ADDRESS			2.3 STREET ADDRESS	6236 SW 26 ST	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami FL 33155	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 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: _____ Vice-President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #