


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

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90010 050 \*\*\*150.00

0357247

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000007004

1. Corporation Name  
PORT LAND TRADING CORP.



Principal Place of Business 11461 N.W. 51ST TERRACE MIAMI, FL 33178	Mailing Address 11461 N.W. 51ST TERRACE MIAMI, FL 33178
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 8100 GENEVA CT. C-540 Suite, Apt. #, etc. 22 City & State 23 MIAMI - FLORIDA Zip 24 33166 Country 25 USA		2a. Mailing Address 26 8100 GENEVA COURT Suite, Apt. #, etc. 27 C-540 City & State 28 MIAMI - FLORIDA Zip 29 33166 Country 30 USA		3. Date incorporated or Qualified 01/22/1998	4. FEI Number 65-0806116 Applied For 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	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

FREIRE, RODRIGO A  
11461 N.W. 51ST TERRACE  
MIAMI FL 33178

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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

*Rodrigo A. Freire*  
Signature, typed or printed name of registered agent and title if applicable.

OWNER

(NOTE: Registered Agent signature required when reinstating)

DATE

03-26-1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREIRE, RODRIGO A	1.2 NAME	FREIRE, RODRIGO A
STREET ADDRESS	11461 N.W. 51ST TERRACE	1.3 STREET ADDRESS	8100 GENEVA COURT C-540
CITY-ST-ZIP	MIAMI FL 33178	1.4 CITY-ST-ZIP	MIAMI-FL 33166
TITLE	<input type="checkbox"/> DELETE	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	<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:

*Rodrigo A. Freire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-26-1999

Date

Daytime Phone #

CR2E034 (11/98)