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
99 MAR 26 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000008598

1. Corporation Name

INTEREXCEL GROUP, INC,

Principal Place of Business: 77 HARBOR DR. - Suite 177, KEY BISCAYNE, FL. 33149

Mailing Address: Same

2. Principal Place of Business
21 | Suite, Apt #, etc
22 | City & State
23 | Zip | Country
24 | 25

2a. Mailing Address
26 | Suite, Apt #, etc
27 | City & State
28 | Zip | Country
29 | 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: January 28, 1998
4. FEI Number: 65-0807610 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [X] $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 Intangible Personal Property Tax [X] Yes [ ] No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES, FL. 33134

10. Name and Address of New Registered Agent

81 Name: SPIEGEL & UTRERA, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
83 343 ALMERIA AVE.
84 City: CORAL GABLES FL 85 Zip Code: 33134

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: Spiegel & Utrera, P.A. By: [signature] Natalia Utrera, Vice-President
Signature, typed or printed name of registered agent and title if applicable — 4/22/99 Date

12. OFFICERS AND DIRECTORS

TITLE	President / Secretary	[ ] DELETE
NAME	Maria Eugenia Pinedo	
STREET ADDRESS	512 Sevilla Ave.	
CITY-ST-ZIP	Coral Gables, FL. 33134	
TITLE	Vice-President Treasurer	[ ] DELETE
NAME	Joel I Levin	
STREET ADDRESS	77 Harbor Dr. - Suite 177	
CITY-ST-ZIP	Key Biscayne, FL. 33149	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		[ ] Change [ ] Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		[ ] Change [ ] Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		[ ] Change [ ] Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		[ ] Change [ ] Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		[ ] Change [ ] Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		[ ] Change [ ] Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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: [signature] 4/21/99 (305) 365-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARIA EUGENIA PINEDO - PRESIDENT / SECRETARY