


FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90118 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000012678

1. Corporation Name
ADVANCE PANEL CORPORATION



Principal Place of Business 7204 WEST 30TH COURT HIALEAH FL 33018	Mailing Address 7204 WEST 30TH COURT HIALEAH FL 33018
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7877 NW 165ter		2a. Mailing Address 28 7877 NW 165ter		3. Date Incorporated or Qualified 02/09/1998	4. FEI Number 66-0837648	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23. City & State Miami FL		28. City & State Miami FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. Zip 33017		29. Zip 33017		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 GOMIS, AMARILIS 7204 WEST 30TH COURT HIALEAH FL 33018				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	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	P+D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMIS, IVO	1.2 NAME	Gomis IVO
STREET ADDRESS	7204 WEST 30TH COURT	1.3 STREET ADDRESS	7877 NW 165ter
CITY-ST-ZIP	HIALEAH FL 33018	1.4 CITY-ST-ZIP	Miami FL 33017
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	SVD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMIS, AMARILIS	2.2 NAME	Gomis Amarilis
STREET ADDRESS	7204 WEST 30TH COURT	2.3 STREET ADDRESS	7877 NW 165ter
CITY-ST-ZIP	HIALEAH FL 33018	2.4 CITY-ST-ZIP	Miami FL 33017
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: *Amarilis Gomis* **AMARILIS GOMIS SVD** **3-29-99** **305-884-7709**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1-1788)