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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 FEB 24 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015865

1. Corporation Name
WEBKIOSKO CORPORATION

Principal Place of Business
1186 OCEAN SHORE BLVD SUITE 195
ORMOND BEACH FL 32176

Mailing Address
1186 OCEAN SHORE BLVD SUITE 195
ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/18/1998

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $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 [ ] Yes [X] No

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

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

9. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
1186 OCEAN SHORE BLVD SUITE 195
ORMOND BEACH FL 32176

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

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	CONTASTI, CARLOS LUIS A	
STREET ADDRESS	EDIF JUAN XXXIII PISO 3 APTO10 CALLE SUCRE	
CITY-ST-ZIP	URB BOLIVAR VENEZUALA 1060	
TITLE	D	[ ] DELETE
NAME	SCIARRA, YOLINDA ADRIAN V	
STREET ADDRESS	EDIF JUAN XXXIII PISO 3 APTO10 CALLE SUCRE	
CITY-ST-ZIP	URB BOLIVAR VENEZUALA 1060	
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 TITLE	D	[X] Change [ ] Addition
1 NAME	AYALA CONTASTI, CARLOS LUIS	
1 STREET ADDRESS	EDIF JUAN XXIII, PISO 3, APTO 10, 1060	
1 CITY-ST-ZIP	CALLE SUCRE, CHACAO, CARACAS, VENEZUELA	
2 TITLE	D	[X] Change [ ] Addition
2 NAME	VELARDITA SCIARRA, YOLINDA ADRIANA	
2 STREET ADDRESS	EDIF JUAN XXIII, PISO 3, APTO 10, CALLE SUCRE	
2 CITY-ST-ZIP	CHACAO, CARACAS, VENEZUELA, 1060	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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****150.00 ****150.00

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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: Carlos Luis Ayala 06-02-99 582-263-1168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR