

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 DEC 17 AM 9:20

PROFIT CORPORATION ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P98000021538	
1. Corporation Name Mott Street BANANAS Enterprises Inc.	

Principal Place of Business 10185 Collins Ave. Suite #1509 Bal Harbour, FL 33154-1607	Mailing Address SAME
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05-17-99 90003 023 150.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified MARCH 06, 1998	Applied For Not Applicable
4. FEI Number 65-0817601	
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
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent SALVATORE S. ARENA 10185 Collins Ave, Suite #1509 Bal Harbour, FL 33154-1607
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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 FL

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 **Salvatore Sam Arena** DATE **11/30/99**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE CPSD ARENA, SALVATORE, SAM 10185 Collins Ave., #1509 Bal Harbour, FL 33154-1607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE THE, YUN-JU (DR) 10185 Collins Ave #1509 Bal Harbour, FL 33154-1607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE Gomez, Sebastian 10185 Collins Ave, #1509 Bal Harbour, FL 33154-1607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Salvatore Sam Arena** DATE **11/30/99** (305) 865-9504

CR2E034 (5/99)

11/30/99

Annual Reports Filing
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

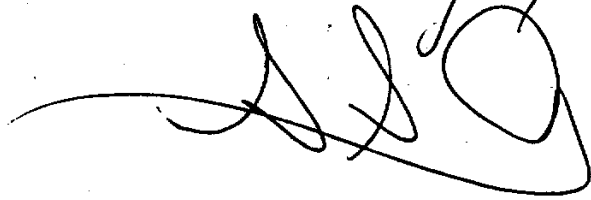
Re: Reinstatement
of Corporation

ON November 24, 1999 I spoke with
a representative of the Annual
reports filing, Division of Corporation.
I was told that a new
application would be sent to
me to fill out once
again. The reason was
we never received the
rejection form. The reason
for the rejection form I
was told was I did not
sign the Register agent block.
I was told to fill this
out (See attached) and
mail back for reinstatement
of the Annual Report. I was
also told to advise you that
our money order of \$150.00 was
CASHED and no other fees

(2)

Were due. Please reestablish
Corporation.

Sincerely yours

A stylized handwritten signature, possibly reading "H. H. O.", written in dark ink.