

**CORPORATION
ANNUAL REPORT
1999**



**Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
Apr 30, 1999 8:00 am
Secretary of State**

DOCUMENT # P98000023832

MANAGEMENT CORP.

04-30-1999 90115 037 ***150.00
05-13-1999 90007 048 ***150.00

Place of Business SW 17 ROAD
MIAMI, FL 33129
Mailing Address 50 SW 17 ROAD
MIAMI, FL 33129

DO NOT WRITE IN THIS SPACE

1. Place of Business 50 SW 17 ROAD
MIAMI, FL 33129
2a. Mailing Address 50 SW 17 ROAD
MIAMI, FL 33129
2b. City & State MIAMI, FL
2c. Country US
2d. Zip 33129

3. Date Incorporated or Qualified 3/12/1998
4. FEI Number APPLIED FOR
5. Certificate of Status Desired **\$8**
6. Election Campaign Financing **\$5**
7. Trust Fund Contribution
8. This corporation owes the current year Intangible Personal Property Tax. **Yes**

9. Name and Address of Current Registered Agent
J. Sanchez de Varona
19 Ponce de Leon Blvd.
Coral Gables, FL 33146

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.**

I, the undersigned, in accordance with the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing the office of registered agent, as authorized by the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent Signature Required when outstanding) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
<p>Director <input type="checkbox"/> DELETE Maria Fuentes 50 SW 17 Road Miami, FL 33129</p>		<p>11 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME Maria Alfonzo 13 STREET ADDRESS 50 SW 17 Road 14 CITY-ST-ZIP Miami, FL 33129</p>	
<p><input type="checkbox"/> DELETE</p>		<p>21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP</p>	
<p><input type="checkbox"/> DELETE</p>		<p>31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP</p>	
<p><input checked="" type="checkbox"/> DELETE</p>		<p>41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP</p>	
<p><input type="checkbox"/> DELETE</p>		<p>51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP</p>	
<p><input type="checkbox"/> DELETE</p>		<p>61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP</p>	

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. 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 in Block 12 or Block 13 if changed, or on an attachment with an addressee, with all other like employment.

SIGNATURE: Maria Alfonzo Maria Alfonzo, Director 4/30/99 305-444