

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90071 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000028887

1. Corporation Name
LISA LISA INVESTMENT CORP.



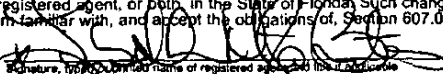
Principal Place of Business C/O M. PATRICK 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154	Mailing Address C/O M. PATRICK 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 LISA LISA INVEST. Corp 791 NE 77st.		2a. Mailing Address 26 791 NE 77st		3. Date Incorporated or Qualified 03/30/1998
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 65-0850682
23 City & State Miami		28 City & State FL		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33138		30 Country Dade		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent PATRICK, MARTY ESQ MARTIN HOWARD PATRICK, P.A. 1141 KANE CONCOURSE BAY HARBOR ISLANDS FL 33154				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent			
81 Name	Lisbeth M. Bustos		
82 Street Address (P.O. Box Number is Not Acceptable)	485 NW 88 Terr.		
83 City	Miami		
84 State	FL	85 Zip Code	33150

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 		(NOTE: Registered Agent signature required when reissuing)	DATE 2/6/99
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Lisbeth M BUSTOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOYT, GENE	1.2 NAME	485 NW 88 TERR
STREET ADDRESS	C/O M. PATRICK, 1141 KANE CONCOURSE	1.3 STREET ADDRESS	Miami FL 33150 <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
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	
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	
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	
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:  DATE: **2/6/99** Daytime Phone #

CR2E034 (11/98)