2004 FOR PROFIT CORPORATION

ANNUAL REPORT --- May 24, 2004 08:00 AM = **Secretary of State DOCUMENT # P98000032159** 1. Entity Name THE BESMARK PROPERTIES CORPORATION OF **AMERICA** Mailing Address Principal Place of Business 720 NW 122 COURT 720 NW 122 COURT MIAMI, FL 33182 MIAMI, FL 33182 CR2E034 (10/03) 03132003 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-0837951 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent VALDES, MANUEL DO NOT WRITE 720 NW 122 COURT MIAMI, FL 33182 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when resistating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 5, 2004 OFFICERS AND DIRECTORS 19, TITLE VALDES, MANUEL HAVE U00000161362 720 NW 122 COURT STREET ADDRESS 05/24/04-80005-010 150.00 CITY-ST-ZIP MIAMI, FL 33182 703 F NAME STREET ARBRESS C7TY-57-73P TITLE MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CRY-ST-70P TETLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CRY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CRY-ST-ZIP

NATURE AND TYPES OF PRINTED HAME OF SHOWING OFFICER OR DIRECTOR

Spol of 305-876-1694

FILED