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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000040411 ✓

1. Corporation Name
AGUSTA INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131	501 BRICKELL KEY DRIVE SUITE 400 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 22734 PINEWOOD CT.	2a. Mailing Address 26 22734 Pinewood Ct.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON	City & State 28 Boca Raton
Zip / Country 24 33433 25 PALM BEACH	Zip / Country 29 33433 30 Palm Beach

3. Date Incorporated or Qualified: 05/05/1998
4. FEI Number: [X] Applied For [ ] Not Applicable
5. Certifcate 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

9. Name and Address of Current Registered Agent

EDUARDO FERNANDEZ
501 BRICKELL KEY DRIVE #400
MIAMI, FL 33131.

10. Name and Address of New Registered Agent

81 Name: GAILIUNAS BRUNO
82 Street Address (P.O. Box Number is Not Acceptable): 22734 PINEWOOD COURT.
83
84 City: BOCA RATON FL 85 Zip Code: 33433

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] June 10. 1999
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SINATORA, DEODATO 1446 BREAKWATER TERRACE HOLLYWOOD FL 33019	[X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D GAILIUNAS BRUNO 22734 PINEWOOD CT. BOCA RATON, FL 33433.	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAOVILLA, OTAVIO 1446 BREAKWATER TERRACE HOLLYWOOD FL 33019	[ ] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] 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, with all other like empowered.

SIGNATURE: [signature] Jun. 10. 1999 561. 3396166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
OTAVIO CAOVILLA