

AMENDED

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT #** P98000042931

1. Corporation Name

**EL SITIO U.S.A., INC.**

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>601 BRICKELL KEY DR. #705<br>MIAMI FL 33131 | <b>Mailing Address</b><br>601 BRICKELL KEY DR. #705<br>MIAMI FL 33131 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                 |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| 3. Date Incorporated or Qualified<br>05/13/1998                                                                                                 |                                |
| 4. FEI Number<br>65-0836032                                                                                                                     | Applied For<br>Not Applicable  |
| 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 Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip Country                 | 28 Zip Country         |
| 24                             | 29                     |

|                                                                                        |  |
|----------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent                                        |  |
| DE LA PENA, VILLANUEVA & BAJANDAS, LLP<br>601 BRICKELL KEY DR., #705<br>MIAMI FL 33131 |  |

|                                                       |             |
|-------------------------------------------------------|-------------|
| 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 |

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

| 12. OFFICERS AND DIRECTORS |                                   |
|----------------------------|-----------------------------------|
| TITLE                      | P                                 |
| NAME                       | MARCELO RODRIGUEZ                 |
| STREET ADDRESS             | 601 BRICKELL KEY DRIVE, SUITE 705 |
| CITY-ST-ZIP                | MIAMI, FL 33131                   |
| TITLE                      | S                                 |
| NAME                       | MARGARITA MASFORROLL              |
| STREET ADDRESS             | 601 BRICKELL KEY DRIVE, SUITE 705 |
| CITY-ST-ZIP                | MIAMI, FL 33131                   |
| TITLE                      | S                                 |
| NAME                       | RICARDO BAJANDAS                  |
| STREET ADDRESS             | 601 BRICKELL KEY DRIVE, SUITE 705 |
| CITY-ST-ZIP                | MIAMI, FL 33131                   |
| TITLE                      |                                   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |
| TITLE                      |                                   |
| NAME                       |                                   |
| STREET ADDRESS             |                                   |
| CITY-ST-ZIP                |                                   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                   |
|-------------------------------------------------------|-----------------------------------|
| 1.1 TITLE                                             | P                                 |
| 1.2 NAME                                              | DANIEL ROTZTAIN                   |
| 1.3 STREET ADDRESS                                    | 601 BRICKELL KEY DRIVE, SUITE 705 |
| 1.4 CITY-ST-ZIP                                       | MIAMI, FL 33131                   |
| 2.1 TITLE                                             | VP                                |
| 2.2 NAME                                              | PAOLA PRADO                       |
| 2.3 STREET ADDRESS                                    | 601 BRICKELL KEY DRIVE, SUITE 705 |
| 2.4 CITY-ST-ZIP                                       | MIAMI, FL 33131                   |
| 3.1 TITLE                                             |                                   |
| 3.2 NAME                                              |                                   |
| 3.3 STREET ADDRESS                                    |                                   |
| 3.4 CITY-ST-ZIP                                       |                                   |
| 4.1 TITLE                                             |                                   |
| 4.2 NAME                                              |                                   |
| 4.3 STREET ADDRESS                                    |                                   |
| 4.4 CITY-ST-ZIP                                       |                                   |
| 5.1 TITLE                                             |                                   |
| 5.2 NAME                                              |                                   |
| 5.3 STREET ADDRESS                                    |                                   |
| 5.4 CITY-ST-ZIP                                       |                                   |
| 6.1 TITLE                                             |                                   |
| 6.2 NAME                                              |                                   |
| 6.3 STREET ADDRESS                                    |                                   |
| 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:

RICARDO BAJANDAS

6/14/1999

(305)377-0809

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #