


<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # P98000051950</b>			
1. Corporation Name <b>SANTA LUCIA INTERNATIONAL, INC.</b>			
Principal Place of Business <b>275 COMMERCIAL BLVD.</b> <b>SUITE 275</b> <b>FT LAUDERDALE FL 33308</b>		Mailing Address <b>275 COMMERCIAL BLVD.</b> <b>SUITE 275</b> <b>FT LAUDERDALE FL 33308</b>	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 <b>2700 W. ATLANTIC BVD</b>		4. FEI Number <b>65-0848866</b>	
Suite, Apt. #, etc. 22 <b>Suite 111</b>		5. Certificate of Status Desired <input type="checkbox"/> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>Pompano Bch, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33069</b>		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Country 25 <b>USA</b>		3. Date Incorporated or Qualified <b>06/10/1998</b>	
26 <b>2700 W. ATLANTIC BVD</b>		27 <b>Suite 111</b>	
28 <b>Pompano Bch, FL</b>		29 <b>33069</b>	
30 <b>USA</b>		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent <b>LOVERA, SUSANNE M</b> <b>275 COMMERCIAL BLVD.</b> <b>SUITE 275</b> <b>FT LAUDERDALE FL 33308</b>		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0602 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE <b>VICE PRESIDENT</b> NAME <b>LOVERA, SUSANNE M</b> STREET ADDRESS <b>2700 W. ATLANTIC BLVD SUITE 111</b> CITY-ST-ZIP <b>Pompano, Bch - FL 33069</b>		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE <b>PRESIDENT</b> NAME <b>MARIA A. LUGUE</b> STREET ADDRESS <b>2700 W. ATLANTIC BLVD. SUITE 111</b> CITY-ST-ZIP <b>Pompano Bch, FL 33069</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: Susanne M. Lovera  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 03, 1999 (954) 971-2446  
Date Daytime Phone #

CR2E034 (1/1/98)