SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000052968

WALL STREET ADVISORS CORP.

Principal Place of Business

Mailing Address

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90264 038 ***150.00



600 NE 31ST STREET #A23 600 NE 31ST STREET #A23 MIAMI FL 33137 MIAMI FL 33137 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/12/1998 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 65-0856783 Not Applicable 388 MIRACLE 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Zip Yes 29 30 Intangible Personal Property. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent GARCIA-RIOS, JOSE Street Address (P.O. Box Number is Not Acceptable) 600 NE 31ST STREET #A23 MIAMI FL 33137 83 85 Zip Code 84 City 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 reinstating) 3R2E034 (5/99) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. 1.1 TITLE PRESIDENT Change DELETE TITLE JOSE GARCIA-RIOS 1.2 NAME NAME 1.3 STREET ADDRESS 600 NE 31 ST # 123 STREET ADDRESS MIAMI FL 33137 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE DELETE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE Addition TITLE DELETE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ___ Change DELETE 5.1 TITLE Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 efficer 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.

SIGNATURE: