FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

May 17, 1999 8:00 am Secretary of State

05-17-1999 90007 009 ***150.00

DOCUMENT # P98000056079

1. Corporation Name

Suite, Apt. #, etc.			
ORLANDO FL 32835 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/22/1998 4. FEI Number 5 9 - 3 5 2 0 3 1 7 Not 5 9 - 3 5 2 0 3 1 7 Not Fee Req City & State 28 Country 29 30 Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11TRI, GILBERTO 1242 SHELTER ROCK RD. ORLANDO FL 32835 R3 ACITY FL 85 Zip Country 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 nor 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. SIGNATURE Signature, typod or printed name of registered agent and 980 of applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Fel Number 50 - 352 0317 Not Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 According Fee Req City & State Country Zip Country 3. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ITRI, GILBERTO 1242 SHELTER ROCK RD. ORLANDO FL 32835 83 At City FL 85 Zip Country 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 rediction of the provisions of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	DO NOT WRITE IN THIS SPACE		
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NAME ITRI, GILBERTO 1.2 NAME			
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14. hereby certify that the information supplied with his 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 trusteelempowered 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 attackment program address, with all other like empowered.

SIGNATURE:

GILBERTO ITRI

(401) 2920674

CR2E034 (11/98)