

FILE NOW: FILING FEE AFTER MAY 1ST IS \$350.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90003 038 ***150.00

DOCUMENT # P-98000058348
Corporation Name WHITE MOUNTAIN EXCLUSIVE RETREAT INC

Principal Place of Business 82 NW 41 Ave Ste 633
Miami, FL 33126
Mailing Address 782 NW 42 Ave Ste 638
Miami, FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified June 30-98	
4. FEI Number 65-0867730	Applied For <input type="checkbox"/> 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	

Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILLINS, INC
3732 NW 16 Street
Fort Lauderdale, FL 33311

81 Name	TANIA A MAZZA MARTINEZ
82 Street Address (P.O. Box Number is Not Acceptable)	782 NW 42 Ave Ste 638 Miami, FL 33126
83	
84 City	MIAMI
85 Zip Code	33126

I, 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)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	DIRECTOR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ANGEL POPCEV	1.2 NAME	
3. STREET ADDRESS	El Empalme, Otto Loma Alta	1.3 STREET ADDRESS	
4. CITY-STATE-ZIP	San Rafael, Florida, Venezuela	1.4 CITY-STATE-ZIP	
5. NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		2.2 NAME	
7. STREET ADDRESS		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		4.2 NAME	
15. STREET ADDRESS		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		5.2 NAME	
19. STREET ADDRESS		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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: ANGEL POPCEV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/19/99

305-4465353

CR2E034 (1/98)