

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 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible Personal Property Tax.

26. Mailing Address Suite, Apt. #, etc. City & State Zip Country

9. Name and Address of Current Registered Agent: FILLINS, INC 3732 NW 16 Street Fort Lauderdale, Fl 33311

10. Name and Address of New Registered Agent: 81 Name TANIA A MAZZA MARTINEZ 82 Street Address 782 NW 42 Ave Ste 638 Miami, Fl 33126 84 City MIAMI FL 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] (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 main columns: OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for name, title, street address, city, and zip code for each officer/director.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 4/19/99 305-4465353 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)