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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90255 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000066571

1. Corporation Name
 MODA SUBTERRANIA, INC.

Principal Place of Business: 9 AVILES ST ST AUGUSTINE FL 32084
 Mailing Address: 9 AVILES ST ST AUGUSTINE FL 32084



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/29/1998

4. FEI Number: 59-3525510 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 5092 AIA SOUTH Suite, Apt. #, etc. 22 SUITE B City & State: 23 ST. AUGUSTINE FL Zip: 24 32084 Country: 25 USA

2a. Mailing Address: 26 7085 AIA SOUTH Suite, Apt. #, etc. 27 # A City & State: 28 ST. AUGUSTINE FL Zip: 29 32086 Country: 30 USA

9. Name and Address of Current Registered Agent: OGNJENOVIC, PAMELA D 9 AVILES ST ST AUGUSTINE FL 32084

10. Name and Address of New Registered Agent: 81 Name: OGNJENOVIC, PAMELA D. 82 Street Address (P.O. Box Number is Not Acceptable): 7085 AIA SOUTH # A 83 84 City: ST. AUGUSTINE FL 85 Zip Code: 32086

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 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]* PAMELA OGNJENOVIC PRESIDENT DATE: 4/14/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	OGNJENOVIC, PAMELA D	1.1 TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	OGNJENOVIC, PAMELA D
NAME: OGNJENOVIC, PAMELA D	9 AVILES ST	1.2 NAME: OGNJENOVIC, PAMELA D	7085 AIA SOUTH # A
STREET ADDRESS: 9 AVILES ST	ST AUGUSTINE FL 32084	1.3 STREET ADDRESS: 7085 AIA SOUTH # A	ST. AUGUSTINE FL 32086
CITY-ST-ZIP: ST AUGUSTINE FL 32084		1.4 CITY-ST-ZIP: ST. AUGUSTINE FL 32086	
TITLE: <input type="checkbox"/> DELETE		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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 of Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* PAMELA OGNJENOVIC DATE: 4/14/99 DAYTIME PHONE #: 904 829 9555

CR2E034 (1/98)