


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
---------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

FILED
May 13, 1999 8:00 am
Secretary of State
05-13-1999 90020 042 ***150.00

DOCUMENT # 1. Corporation Name Street Dwellaz Promotions Inc.	P98000068366
----------------------------------------------------------------------------	--------------

Principal Place of Business 6001 NW 153rd Street Suite F Miami Lakes, FL 33014	Mailing Address 8004 NW 154th Street # 396 Miami Lakes, FL 33016
-----------------------------------------------------------------------------------------	---------------------------------------------------------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
-----------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------

9. Name and Address of Current Registered Agent Alfonso Alvarez 10500 SW 155th # 10-211 Miami, FL 33196	
------------------------------------------------------------------------------------------------------------------	--

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 8/5/98	
4. FEI Number 65-0864689	Applied For <input type="checkbox"/> No 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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: Alfonso J. Alvarez (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfonso J. Alvarez	12 NAME	
STREET ADDRESS	10500 SW 155th # 10-211	13 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33196	14 CITY-ST-ZIP	
TITLE	Vice President	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel Ragland Jr.	22 NAME	
STREET ADDRESS	379 NE 141st Street # 210	23 STREET ADDRESS	
CITY-ST-ZIP	North Miami, FL 33179	24 CITY-ST-ZIP	
TITLE	Treasurer	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Mahoney	32 NAME	
STREET ADDRESS	820 NW 210th Street # 108	33 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33169	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alfonso J. Alvarez 4/37/99 1205/823-3322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)