

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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90015 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000071651**

1. Corporation Name  
**CHRISTIANO ENTERPRISES, INC.**



Principal Place of Business  
 1245 PENNSYLVANIA AVENUE  
 APT B  
 MIAMI BEACH FL- 33139

Mailing Address  
 1245 PENNSYLVANIA AVENUE  
 APT B  
 MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/13/1998**

4. FEI Number  
**65-0857311**

5. Certificate of Status Desired  Applied For  
 Not Applicable  
**\$8.75** Additional Fee Required

6. Election Campaign Financing  **\$5.00** May Be  
 Trust Fund Contribution Added to Fees

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

2. Principal Place of Business  
 21 **1200 WEST AVE**  
 Suite, Apt. #, etc.  
 22 **\*605**  
 City & State  
 23  
 Zip Country  
 24

2a. Mailing Address  
 26 **1200 WEST AVE**  
 Suite, Apt. #, etc.  
 27 **\*605**  
 City & State  
 28  
 Zip Country  
 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REED, STUART ESQ**  
**HISTORIC CITY HALL, 6TH FLOOR**  
**1130 WASHINGTON AVENUE**  
**MIAMI BEACH FL 33139**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **DPT**  
 NAME **ORTEGA, CHRISTIAN**  
 STREET ADDRESS **CARRERA QUINTA, NUMERO 26A47 APARTADO 2103**  
 CITY-ST-ZIP **TORRE DEL PARQUE, SANTA FE OC COLUM-BIA**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **S**  
 NAME **KIRKBRIDE, CHALMER**  
 STREET ADDRESS **1245 PENNSYLVANIA AVENUE, APT 8**  
 CITY-ST-ZIP **MIAMI BEACH FL 33139**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **T**  
 NAME **POIST, WILLIAM**  
 STREET ADDRESS **5272 RIVER ROAD, SUITE 420**  
 CITY-ST-ZIP **BETHESDA MD 20816**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)