

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000071718

1. Corporation Name

B.V.I. INVESTMENTS, INC.

99 OCT -6 AM 8:06

Principal Place of Business	Mailing Address
9737 NW 41st St. PMB 194 Miami, FL 33178	9737 NW 41st St. PMB 194 Miami, FL 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	08/13/98
4. FEI Number	594176980
Applied For	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 type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSO, Nick
9585 NW 41st St., STE 220
Miami, FL 33178

81 Name	INGRAHAM, JAMES
82 Street Address (P.O. Box Number is Not Acceptable)	19101 Mystic Pointe Dr.
83	
84 City	Aventura FL 85 Zip Code 33180

11. Pursuant to the provisions of Sections 607.0507 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	RUSSO, Nick <input checked="" type="checkbox"/> DELETE	1.1 TITLE D	VALLE, Carlos <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 720493 N/A	1.2 NAME	9737 NW 41st St.
STREET ADDRESS	Miami, FL 33172	1.3 STREET ADDRESS	PMB 194, Miami, FL 33178
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D	VIDAL, Pablo <input checked="" type="checkbox"/> DELETE	2.1 TITLE D	INGRAHAM, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 720493 N/A	2.2 NAME	9737 NW 41st St.
STREET ADDRESS	Miami, FL 33172	2.3 STREET ADDRESS	PMB 194, Miami, FL 33178
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	Donaldson, Sandi <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 720493 N/A	3.2 NAME	
STREET ADDRESS	Miami, FL 33172	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D	FIORE, John L. <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PO Box 720493 N/A	4.2 NAME	200003013082--5
STREET ADDRESS	Miami, FL 33172	4.3 STREET ADDRESS	-10/13/99--01003--010
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****150.00 ****150.00
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 or Block 13 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *[Signature]* 10/1/99 (202) 986-1972

CR2E034 (11/98)