

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

03-05-1999 90009 041 ***150.00
P98000072147


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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P98000072147

1. Corporation Name
FOUR GLASSES, INC.

| | |
|--|--|
| Principal Place of Business 848 BRICKELL AVENUE SUITE 830 MIAMI FL 33131 | Mailing Address 848 BRICKELL AVENUE SUITE 830 MIAMI FL 33131 |
|--|--|

FILED
99 JUL 16 PM 3:40
SECRETARY OF STATE
STATE OF FLORIDA



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/18/1998 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 65-0857189 | Applied For <input type="checkbox"/> Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Zip | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Country | 8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | |
|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| MARTIN, MIGUEL A 848 BRICKELL AVENUE SUITE 830 MIAMI FL 33131 | | | | 81 | Name |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) |
| | | | | 83 | |
| | | | | 84 | City |

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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINELLI, NORBERTO | 12 NAME | |
| STREET ADDRESS | 848 BRICKELL AVENUE STE 830 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 14 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREUNDT, JUDITH | 22 NAME | |
| STREET ADDRESS | 848 BRICKELL AVENUE STE 830 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 24 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ALONSO, JULIO C | 32 NAME | Alonso, Julian C |
| STREET ADDRESS | 848 BRICKELL AVENUE STE. 830 | 33 STREET ADDRESS | 848 Brickell Avenue, Suite 830 |
| CITY-ST-ZIP | MIAMI FL 33131 | 34 CITY-ST-ZIP | Miami, Florida 33131 |
| TITLE | D <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MURUNIAK, DIEGO L | 42 NAME | |
| STREET ADDRESS | 848 BRICKELL AVENUE STE. 830 | 43 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 44 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NESTOR, JORGE JULIO C | 52 NAME | |
| STREET ADDRESS | 848 BRICKELL AVENUE STE. 830 | 53 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33131 | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 to this address, with all other like empowered

SIGNATURE: _____ DATE: **2/17/99** (305) 3744422

01/19/99

CR2E034 (11/98)

SP