

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90068 001 ***150.00

DOCUMENT # P98000072984
Corporation Name
ASA MEDITERRANEA, INC.



Principal Place of Business
SOUTH DIXIE HIGHWAY
FL 33143

Mailing Address
6104 SOUTH DIXIE HIGHWAY
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 08/20/1998 | |
| 4. FEI Number 65-0861125 | 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 checked="" type="checkbox"/> No | |

| | | | |
|---|----|--|--|
| 9. Name and Address of Current Registered Agent FIGUEROA, MIGUEL 6104 SOUTH DIXIE HIGHWAY MIAMI FL 33143 | | 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 | |

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 | |
| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | P/S MIGUEL FIGUEROA 6104 SOUTH DIXIE HIGHWAY MIAMI FL 33143 |
| <input type="checkbox"/> DELETE | 1.2 NAME | | |
| <input type="checkbox"/> DELETE | 1.3 STREET ADDRESS | | |
| <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | 2.2 NAME | | |
| <input type="checkbox"/> DELETE | 2.3 STREET ADDRESS | | |
| <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | 3.2 NAME | | |
| <input type="checkbox"/> DELETE | 3.3 STREET ADDRESS | | |
| <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | 4.2 NAME | | |
| <input type="checkbox"/> DELETE | 4.3 STREET ADDRESS | | |
| <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | 5.2 NAME | | |
| <input type="checkbox"/> DELETE | 5.3 STREET ADDRESS | | |
| <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | | |
| <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> DELETE | 6.2 NAME | | |
| <input type="checkbox"/> DELETE | 6.3 STREET ADDRESS | | |
| <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | | |

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: 4/20/99 (305) 665-3131
Daytime Phone #

CR2E034 (11/98)