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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P98000083879**

1. Corporation Name

ENVIOS DE OCCIDENTE, INC.

Principal Place of Business	Mailing Address
1430 S.W. 1ST ST. SUITE 202 MIAMI FL 33135	1430 S.W. 1ST ST. SUITE 202 MIAMI FL 33135

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/29/1998**

4. FEI Number: **65-0877238** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

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

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

2. Principal Place of Business	2a. Mailing Address
21 1184 SW 1ST ST.	26 1184 SW 1ST ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip 24 33135 Country 25 USA.	Zip 29 33135 Country 30 USA.

9. Name and Address of Current Registered Agent

ROMERO, MAURA I
1357 N.W. 2ND ST.
APT 1
MIAMI FL 33125

10. Name and Address of New Registered Agent

81 Name: ROMERO, MAURA I.
82 Street Address (P.O. Box Number is Not Acceptable): 1184 SW 1ST ST.
83
84 City: MIAMI, FL 85 Zip Code: 33135

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: Romero MARTHA ROMERO - VICE PRESIDENT 3/1/99
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Required) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Add
NAME	ROMERO, MAURA I		12 NAME	
STREET ADDRESS	1357 NW 2ND ST. APT 1		13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125		14 CITY-ST-ZIP	
TITLE	VD	[ ] DELETE	21 TITLE	[ ] Change [ ] Add
NAME	ROMERO, MARTHA C		22 NAME	
STREET ADDRESS	1357 NW 2ND ST. APT 1		23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125		24 CITY-ST-ZIP	
TITLE		[ ] DELETE	31 TITLE	[ ] Change [ ] Add
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Add
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Add
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Add
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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: Romero - VICE-PRESIDENT 3/1/99 (305) 545-5090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number