

**CORPORATION  
ANNUAL REPORT  
1999**



Secretary of State  
DIVISION OF CORPORATIONS

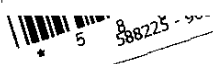
**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90014 003 \*\*\*158.75

**DOCUMENT #** P98000085584  
Corporation Name

RICARDO E. GUERRERO, INC.

**Principal Place of Business**      **Mailing Address**  
6039 Collins Ave.      6039 Collins Ave.  
#801      #801  
Miami Beach, FL 33140      Miami Beach, FL 33140



DO NOT WRITE IN THIS SPACE

<b>Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>3. Date Incorporated or Qualified</b> 12/28/1998
<b>Suite, Apt. #, etc.</b>	<b>Suite, Apt. #, etc.</b>	<b>4. FEI Number</b> 65-0882980
<b>City &amp; State</b>	<b>City &amp; State</b>	<b>Applied For</b> Not Applicable
<b>Zip</b>	<b>Country</b>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		<b>8. This corporation owes the current year intangible Personal Property Tax.</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>9. Name and Address of Current Registered Agent</b> Adriana S. Guerrero 6039 Collins Ave, # 801 Miami Beach, FL 33140	<b>10. Name and Address of New Registered Agent</b>
<b>81 Name</b>	
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	
<b>83</b>	
<b>84 City</b>	<b>85 Zip Code</b>

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 title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	Guerrero, Ricardo E. <input type="checkbox"/> DELETE PSTD	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	6039 Collins Ave.	<b>1.2 NAME</b>	
<b>CITY-ST-ZIP</b>	Miami Beach, FL 33140	<b>1.3 STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>		<b>2.2 NAME</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>2.3 STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>		<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>4.2 NAME</b>	
<b>CITY-ST-ZIP</b>		<b>4.3 STREET ADDRESS</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>		<b>5.2 NAME</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>5.3 STREET ADDRESS</b>	
<b>STREET ADDRESS</b>		<b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>CITY-ST-ZIP</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> DELETE	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>6.4 CITY-ST-ZIP</b>	

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 appointment with an address with all other like empowered.

**SIGNATURE:** Ricardo Guerrero **DATE:** 6/19/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)

