

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

0195402

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P98000088063**

1. Corporation Name
MALAGA OPTIONS, INC.

Principal Place of Business
**343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Mailing Address
**343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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

9. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

81 Name
Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
83
84 City
Coral Gables FL 85 Zip Code
33134

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 the provisions of Section 607.05, Florida Statutes.

SIGNATURE By: **Natalia Utrera, Vice-President**

12. OFFICERS AND DIRECTORS

TITLE	D	[] DELETE
NAME	Sanchez, Elsie	
STREET ADDRESS	343 Almeria Avenue	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
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TITLE		[] DELETE
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STREET ADDRESS		
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TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

3000002868283--6
-05/07/99--01139--020
****150.00 ****150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

99 APR 30 PM 3:55

FLORIDA DEPARTMENT OF STATE
1111 ZHUASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	10/15/1998
4. FEI Number	Applied For <input checked="" type="checkbox"/> 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	[] Yes [] No
10. Name and Address of New Registered Agent	

CR2E034 (1/1/98)

4/28/99

Date Time Place #