

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

DOCUMENT # P98000088067

1. Corporation Name  
MAJORCA GROUP CORPORATION

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
	Zip Code		33134

11. Pursuant to the provisions of Sections 607.0507 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. Then by accept the appointment as registered agent. I am familiar with, Spiegel & Utrera, P.A., Florida Statutes.

SIGNATURE By: *Natalia Utrera*  
Signature, typed or printed name of officer or director  
Natalia Utrera, Vice President

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

70000286800  
-05/07/99--01139--021  
\*\*\*\*150.00 \*\*\*\*150.00

FILED  
09 APR 30 PM 3: 56

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/15/1998

4. FEI Number  
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  Yes  No

10. Name and Address of New Registered Agent

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:

*Natalia Utrera*

4/28/99

780  
4/30/99