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

1999

AMENDED

99 MAY 28 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # P98000089725

1. Corporation Name

ALL LAKES EXPLUS, INC.

Principal Place of Business	Mailing Address
15-A West CANAL Street North Suite B Belle Glade, Fl. 33430	"mailing address same as place of Business"

2. Principal Place of Business	2a. Mailing Address
21 15-A West Canal Street N.	26 15-A West Canal Street N.
Suite, Apt. #, etc. 22 SuiteD	Suite, Apt. #, etc. 27 SuiteD
City & State 23 BelleGlade, Fl.	City & State 28 Belle Glade, Florida
Zip / Country 24 33430 25 USA	Zip / Country 29 33480 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/21/98

4. FEI Number: 65-0874793 [ ] 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 [X] No

9. Name and Address of Current Registered Agent

Herminia Sierra
15 W. Canal Street North
Suite D
Belle Glade, Florida 33480

10. Name and Address of New Registered Agent

81 Name: Victor Sierra
82 Street Address (P.O. Box Number is Not Acceptable): 15-A West Canal Street North
83 Suite D
84 City: Belle Glade, FL 85 Zip Code: 33430

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: Victor Sierra, Registered Agent, Victor Sierra 5-18-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: If not Agent's signature required where indicated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE	PD / President/Director [X] DELETE	[ ] Change [X] Addition
12 NAME	Herminia Sierra	P/V/D
13 STREET ADDRESS	15-A West Canal Street N.	Victor Sierra
14 CITY-ST-ZIP	Suite D, Belle Glade, Fl. 33430	15-A West Canal Street North
21 TITLE	VD / Vice President/Director [X] DELETE	Suite D, Belle Glade, Fl. 33430
22 NAME	Drumnia Maiquez	[ ] Change [ ] Addition
23 STREET ADDRESS	15-A West Canal Street N. Suite D	
24 CITY-ST-ZIP	Belle Glade, Fl. 33430	
31 TITLE	[ ] DELETE	[ ] Change [ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] DELETE	
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] DELETE	[ ] Change [ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] DELETE	[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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TB 5-18-99

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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: Victor Sierra PRESIDENT, Victor Sierra 5-18-99 (561) 992-8700