SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000103335 i

ANTILLES MIZIK INTERNATIONAL, INC.

Mailing Address

11101 SOUTHWEST 156TH STREET

Principal Place of Business

POST OFFICE BOX 110303

FILED Aug 26, 1999 8:00 am Secretary of State

08-26-1999 90002 028 ***558.75

MIAMI FL 33157 MIAMI FL 33111				
	11 L 00107		DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			12/11/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Illoisw ISESTICET	26 P.O. BOX 1103	303	65-0882117	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 MiQMi. FLORIDA	City & State 28 Miomi, Total	2i 0A	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33157 25 USA	Zip Cou	USA	This corporation owes the current year Intangible Personal Property.	Yes XNo
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
		81 Name		
AMERILAWYER				
343 ALMERIA AVENUE		82 Street Add	ess (P.O. Box Number is Not Acceptable)	
CORAL GABLES FL 33134		83		
		84 City	-	85 Zip Code
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Digitature, dyear or printed manie or regulatored Agent and tree is expiredured. [1707 to Cognitation Agent Signature equired areas samples.]				

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13 1.1 TITLE Change Addition TITLE DELETE DE LAVELANET, DOYON JH 1.2 NAME NAME DE LAVELANET, JEAN M DOYON 11101 SW 1565T STREET ADDRESS 11101 SOUTHWEST 156TH STREET 1.3 STREET ADDRESS MIQUI FLORIDA 1.4 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33157 2.1 TITLE TITLE DELETE Change 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS I.4 CITY-ST-ZIP CITY-ST-ZiP 5.1 TITLE Change DELETE Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

SIGNATURE:

CR2E034 (5/99)