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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001512

1. Corporation Name
IFA FORE. CORP.

Principal Place of Business 864 N KROME AVE HOMESTEAD FL 33039	Mailing Address 864 N KROME AVE HOMESTEAD FL 33039
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2. Principal Place of Business 21 864 N. Krome Ave Suite, Apt. #, etc.	2a. Mailing Address 26 864 N. Krome Ave Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/13/1998
22 City & State 23 Homestead, FL	27 City & State 28 Homestead, FL	4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
24 33030 25 US	29 33030 30 US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent RODRIGUEZ, YVETTE 884 N KROME AVE HOMESTEAD FL 33039		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent 81 Name Yvette Rodriguez 82 Street Address (P.O. Box Number is Not Acceptable) 864 N. Krome Avenue 83 84 City Homestead FL 85 Zip Code 33030	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE: <i>Yvette Rodriguez</i> DATE: 1/15/99 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alfredo Carabeo "D"	1.2 NAME	
STREET ADDRESS	139 NE 17 Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	1.4 CITY-ST-ZIP	
TITLE	Vice-President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yvette Rodriguez "D"	2.2 NAME	
STREET ADDRESS	139 NE 17 Street	2.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	2.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Veronica Martinez "D"	3.2 NAME	
STREET ADDRESS	1442 Towhee Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Homestead, FL 33030	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE: *Yvette Rodriguez* DATE: 1/15/99 305-277-2612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)