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Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90023 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000063374**

1. Corporation Name  
**BQN INVESTMENTS CORP.**

Principal Place of Business <b>400 ROYAL PLAZA DRIVE FT LAUDERDALE FL 33301</b>	Mailing Address <b>G.P.O. BOX 364744 SAN JUAN PR 00936-4744 US</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>09/13/1993</b>	
4. FEI Number <b>65-0438569</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BEYER, STEPHEN M  
700 SE THIRD AVE  
SUITE 300  
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, HECTOR L</b>	
STREET ADDRESS	<b>20 DORADO ESTATES</b>	
CITY-ST-ZIP	<b>DORADO PR 00646</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, WANDA</b>	
STREET ADDRESS	<b>20 DORADO ESTATES</b>	
CITY-ST-ZIP	<b>DORADO FL 00646</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FELICIANO, LUIS D</b>	
STREET ADDRESS	<b>PO BOX 145170 N/A</b>	
CITY-ST-ZIP	<b>ARECIBO PR</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOLEDO, JUAN P</b>	
STREET ADDRESS	<b>PO BOX 145170 N/A</b>	
CITY-ST-ZIP	<b>ARECIBO PR</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>VAZQUEZ, PEDRO R</b>	
STREET ADDRESS	<b>G.P.O. BOX 364744 N/A</b>	
CITY-ST-ZIP	<b>SAN JUAN PR</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>LINARES, JOSEPH M</b>	
STREET ADDRESS	<b>PO BOX 145170 N/A</b>	
CITY-ST-ZIP	<b>ARECIBO PR</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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: Juan P. Toledo **Juan P. Toledo** **JAN 15, 1999** **(787) 898-5000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)