

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

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90087 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J48143

1. Corporation Name
JUFRAUN CORPORATION



Principal Place of Business 777 BRICKELL AVENUE SUITE 1020 MIAMI FL 33131 US	Mailing Address 777 BRICKELL AVENUE SUITE 1020 MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 777 Brickell Avenue Suite, Apt. #, etc. 22 Suite 1170 City & State 23 MIAMI, FL 33131 Zip 24 33131	2a. Mailing Address 26 777 Brickell Avenue Suite, Apt. #, etc. 27 Suite 1170 City & State 28 MIAMI, FL 33131 Zip 29 33131	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 12/22/1986	4. FEI Number 65-0131054	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

URRUELA, JUAN F.
 777 BRICKELL AVE
 1170
 MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P O Box Number is Not Acceptable)	
83	
84 City	FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (None) Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	URRUELA NANNE, JUAN FRANCISCO	
STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1020	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	T	<input type="checkbox"/> DELETE
NAME	URRUELA APARICIO, JUAN F.	
STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1020	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	S	<input type="checkbox"/> DELETE
NAME	APARICIO DE URRUELA, LESBIA	
STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1020	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	URRUELA NANNE, JUAN FRANCISCO	
13 STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1170	
14 CITY-ST-ZIP	MIAMI, FL 33131	
21 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	URRUELA APARICIO, JUAN F.	
23 STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1170	
24 CITY-ST-ZIP	MIAMI, FL 33131	
31 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	APARICIO DE URRUELA, LESBIA	
33 STREET ADDRESS	777 BRICKELL AVENUE, SUITE 1170	
34 CITY-ST-ZIP	MIAMI, FL 33131	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 Francisco Urruela Nanne *[Signature]* February 1, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)