

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

APPROVED  
AND  
FILED

1997 MAY 29 AM 4:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 9910000044649  
1. Corporation Name  
300 ARAGON, INC

Principal Place of Business Mailing Address

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip Country  
24

2a. Mailing Address  
26  
330 Greco Ave  
Suite, Apt. #, etc.  
27  
Ste 104  
City & State  
28  
Coral Gables, FL  
Zip Country  
29  
33146  
30

3. Date Incorporated or Qualified 3a. Date of Last Report

4. FEI Number  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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
SALUSSOLIA & ASSOCIATES  
200 S. BISCAYNE BLVD, #4815  
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  
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, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when existing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERO SALUSSOLIA	
STREET ADDRESS	200 S. BISCAYNE BLVD. SUITE 4815	
CITY-STATE-ZIP	MIAMI, FL. 33131	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EUGENIO FIAMAERTI	
STREET ADDRESS	1420 S. BAYSHAMPE DR. STE. 402-E	
CITY-STATE-ZIP	MIAMI, FL. 33131	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ALEX ZARBONE	
STREET ADDRESS	330 GRECO AVE., STE. 104	
CITY-STATE-ZIP	CORAL GABLES, FL. 33146	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2	NAME	
3	STREET ADDRESS	
4	CITY-STATE-ZIP	
5	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6	NAME	
7	STREET ADDRESS	
8	CITY-STATE-ZIP	
9	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10	NAME	
11	STREET ADDRESS	
12	CITY-STATE-ZIP	
13	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14	NAME	
15	STREET ADDRESS	
16	CITY-STATE-ZIP	

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-05/29/97-01071-022  
\*\*\*165.00

4/24/97

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(4) Florida Statutes. I further certify that the information in 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: A. ZARBONE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2003 (10/97)