

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

APPROVED
AND
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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, 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 _____ (NOTE: Registered Agent signature required when existing)

12. OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	PIERO SALUSSOLIA	
STREET ADDRESS	200 S. BISCAYNE BLVD. SUITE 4815	
CITY-STATE-ZIP	MIAMI, FL. 33131	
TITLE	D	DELETE
NAME	EUGENIO FIAMBERTI	
STREET ADDRESS	1420 S. BISCAYNE DR. STE. 402-E	
CITY-STATE-ZIP	MIAMI, FL. 33131	
TITLE	P	DELETE
NAME	ALEX ZARBONE	
STREET ADDRESS	330 GRECO AVE., STE. 104	
CITY-STATE-ZIP	CORAL GABLES, FL. 33146	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		Change	Addition
NAME			
STREET ADDRESS			
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

CORPORA (10/97)