

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 003 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044649

1. Corporation Name
300 ARAGON, INC.



Principal Place of Business 330 GRECO AVE., SUITE 104 CORAL GABLES FL 33146	Mailing Address 330 GRECO AVE., SUITE 104 CORAL GABLES FL 33146
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 200 S. Biscayne Blvd.
22 City & State	27 Suite 4815
23 City & State	28 Miami, FL 33131
24 Zip Country	29 Zip Country
25	30

3. Date Incorporated or Qualified 05/24/1996	4. FEI Number 65-0669189	Applied For <input type="checkbox"/> 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 type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SALUSSOLIA & ASSOCIATES
200 SOUTH BISCAYNE BLVD.
SUITE 4815
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SALUSSOLIA, PIERO
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 4815
CITY-ST-ZIP	MIAMI FL 33131
TITLE	D <input type="checkbox"/> DELETE
NAME	FIAMBERTI, EUGENIO
STREET ADDRESS	1420 SOUTH BAYSHORE DRIVE, SUITE 402-E
CITY-ST-ZIP	MIAMI FL 33131
TITLE	P <input type="checkbox"/> DELETE
NAME	ZERBONE, ALEX
STREET ADDRESS	330 GRECO AVE., SUITE 104
CITY-ST-ZIP	CORAL GABLES FL 33146
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

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SALUSSOLIA, PIERO
1.3 STREET ADDRESS	200 S. Biscayne Blvd. Suite 4815
1.4 CITY-ST-ZIP	Miami, FL 33131
2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FIAMBERTI, EUGENIO
2.3 STREET ADDRESS	300 S. Pointe Drive Apt. 3506
2.4 CITY-ST-ZIP	Miami Beach, FL 33139
3.1 TITLE	SP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DALLE MOLLE, ALDO
3.3 STREET ADDRESS	300 S. Pointe Drive Apt. 3506
3.4 CITY-ST-ZIP	Miami Beach, FL 33139
4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAMPS, MARIA ELENA
4.3 STREET ADDRESS	200 S. Biscayne Blvd. Suite 4815
4.4 CITY-ST-ZIP	Miami, FL 33131
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: María Elena Camps 4/22/99 (305) 373-7016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)