

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

FILED
Mar 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000077805 (5)
1. Corporation Name

MACARENA, INC.

Principal Place of Business 2699 S. Bayshore Drive Suite 300-D Coconut Grove, FL 33133	Mailing Address 2699 S. Bayshore Drive Suite 300-D Coconut Grove, FL 33133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1334 Washington Avenue Suite, Apt. #, etc. 22 City & State 23 Miami Beach, Florida 24 Zip 33139 Country 25 USA		2a. Mailing Address 26 1334 Washington Avenue Suite, Apt. #, etc. 27 City & State 28 Miami Beach, Florida 29 Zip 33139 Country 30 USA		3. Date Incorporated or Qualified 09/18/1996	
4. FEI Number APPLIED FOR 65-0759597		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"/>		7. \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

Jeffrey E. Lehrman, Esq., Professional Corp.
2699 S. Bayshore Drive
Suite 300-D
Miami, Florida 33133

10. Name and Address of New Registered Agent

81 Name Miguel A. Martin, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
848 Brickell Avenue
83 Suite 830
84 City Miami FL 85 Zip Code 33131

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or director, registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D. <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	Lehrman, Jeffrey E.	1.2 NAME	Cesar Ruiz				
STREET ADDRESS	2699 S. Bayshore Drive, Suite 300-D	1.3 STREET ADDRESS	1334 Washington Avenue, Suite 301				
CITY-ST-ZIP	Coconut Grove, FL 33139	1.4 CITY-ST-ZIP	Miami Beach, Florida 33139				
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME		2.2 NAME	Carlos Galan				
STREET ADDRESS		2.3 STREET ADDRESS	1334 Washington Avenue, Suite 301				
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami Beach, Florida 33139				
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)