

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90135 002 \*\*\*150.00

DOCUMENT # P97000009932

1. Corporation Name ARIAS & ASSOCIATES, INC.

Principal Place of Business 7990 N.W. 60TH STREET MIAMI FL 33166 Mailing Address 7990 N.W. 60TH STREET MIAMI FL 33166



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1997

4. FEI Number 65-0722532 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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 7270 NW 12 Street 22 Suite, Apt. #, etc. 22 Suite 205 23 City & State 23 Miami, Florida 24 Zip 33126 25 Country 26 27 28 29 30

9. Name and Address of Current Registered Agent ARIAS, MARIAZELL H 1108 N.W. 180TH AVENUE PEMBROKE PINES FL 33029

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 FL

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 Signature, typed or printed name of registered agent and title 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/P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARIAS, MARIAZELL H	1.2 NAME	
STREET ADDRESS	1108 N.W. 180 AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHELLE C MATQUEZ	2.2 NAME	
STREET ADDRESS	1108 N.W. 180 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	2.4 CITY-ST-ZIP	
TITLE	D/S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURENCIO, EVELYN M	3.2 NAME	
STREET ADDRESS	14640 MAHOGANY COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL 33014	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, with all other like empowered.

SIGNATURE: [Signature]

CR2E034 (11/98)