

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

FILED

**Jan 16 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 # P97000039105
 1. Corporation Name
AARON GROUP, INC.

Principal Place of Business 7975 N.W. 154 Street Suite 340 Miami, Florida 33016	Mailing Address 7975 N.W. 154 Street Suite 340 Miami, Florida 33016
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3. Date Incorporated or Qualified May 1, 1997	3a. Date of Last Report 1997
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	22. Principal Place of Business Country	2a. Mailing Address Country
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4. FEI Number 65-0755162	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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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

10. Name and Address of New Registered Agent

81 Name Carlos A. Triay
82 Street Address (P.O. Box Number is Not Acceptable) 999 Ponce De Leon Blvd.
83 Suite 1110
84 City Coral Gables
85 Zip Code FL 33134

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]* DATE **1/8/98**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	President/ Director
13 STREET ADDRESS	Santiago Fernandez
14 CITY-ST-ZIP	7975 N.W. 154 Street Suite 340
21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Treasurer/ Secretary
23 STREET ADDRESS	Rafael Sanchez
24 CITY-ST-ZIP	7975 N.W. 154 Street Suite 340

14. I do 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 *[Signature]* DATE **1-8-98** (305) 298-3537

CR2E034 (9/96)