

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 253154 (9)
1. Corporation Name
ARREGUI INTERNATIONAL ADVERTISING CORP



Principal Place of Business
814 PONCE DE LEON
SUITE 204
CORAL GABLES FL 33144
US

Mailing Address
814 PONCE DE LEON
SUITE 204
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 814 PONCE DE LEON		26 Suite, Apt. #, etc.		11/16/1961	
22 204		27 City & State		4. FEI Number	
23 CORAL GABLES FLORIDA		28 City & State		59-0971511	
24 33134		29 U.S.A.		5. Certificate of Status Desired	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARREGUI, RICHARD M. JR.				81 Name			
4800 ORDUNA DRIVE				82 Street Address (P.O. Box Number is Not Acceptable)			
CORAL GABLES FL 33146				83			
				84 City			
				FL 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	ARREGUI, RICARDO	1.2 NAME	
STREET ADDRESS	4800 ORDUNA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLE FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	ARREGUI, RICHARD	2.2 NAME	
STREET ADDRESS	4800 ORDUNA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	ARREGUI, OLGA	3.2 NAME	
STREET ADDRESS	4800 ORDUNA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ARREGUI, RICHARD	4.2 NAME	
STREET ADDRESS	4800 ORDUNA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 _____ 4/18/98 4485317

CR2E034 (10/97)