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Feb 27, 1999 8:00 am
Secretary of State

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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 # 308057

1. Corporation Name
MIGUEL CHINCHILLA VARONA AND ASSOC., INC.



Principal Place of Business 3850 20TH STREET SUITE 400 VERO BEACH FL 32960-2472 US	Mailing Address N/A P.O. BOX 0 VERO BEACH FL 32961 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3800 20TH ST. Suite, Apt. #, etc. 22 City & State 23 VERO BEACH FL Zip 24 32960 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 08/10/1966	4. FEI Number 59-1148266	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

PRIETO, JUAN
4510 ROSEWOOD
VERO BCH FL 32966

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: _____ DATE: _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PPD <input type="checkbox"/> DELETE
NAME	PRIETO, JUAN
STREET ADDRESS	4510 ROSEWOOD
CITY-ST-ZIP	VERO BCH FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PRIETO, JOSE A.
STREET ADDRESS	4510 ROSEWOOD
CITY-ST-ZIP	VERO BCH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	PRIETO, CARMEN
STREET ADDRESS	4510 ROSEWOOD
CITY-ST-ZIP	VERO BCH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	PRIETO, FRANCISCO R
STREET ADDRESS	7524 MUTINY AVE
CITY-ST-ZIP	MIAMI BCH FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSE A. PRIETO
2.3 STREET ADDRESS	875 ROYAL PALM BLVD.
2.4 CITY-ST-ZIP	VERO BEACH, FL 32960
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: **JOSE A. PRIETO** 1/12/99 561567-5113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)