

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

0251342

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 APR 21 AM 10:24

**DOCUMENT # 606931**  
 1. Corporation Name  
**ADRIAN INVESTMENT CORPORATION**



Principal Place of Business <b>2460 S.W. 137TH AVENUE SUITE 238 MIAMI FL 33175</b>	Mailing Address <b>C/O CARMEN OCHOA 2460 SW 137TH AVE. #226 MIAMI FL 33175 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/17/1979</b>	Applied For Not Applicable
4. FEI Number <b>59-1901684</b>	<b>\$8.75</b> Additional Fee Required
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc	26. Suite, Apt. #, etc
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Country	30. Country

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	
85. Zip Code	<b>FL</b>

9. Name and Address of Current Registered Agent

<b>A &amp; P REGISTERED AGENT INC 2450 SW 137 AVE STE 226 MIAMI FL 33175</b>
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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 No. if applicable) DATE \_\_\_\_\_ (Date Registered Agent's signature required when not applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPST</b>	11 TITLE	
NAME	<b>OCHOA, CARMEN L</b>	12 NAME	
STREET ADDRESS	<b>2460 SW 137 AVE STE 238</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	14 CITY-ST-ZIP	
TITLE		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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**-04/23/99-01103-016**  
**\*\*\*150.00 \*\*\*150.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 and typed or printed name of signing officer or director) **4/13/99 (305) 221-1515**

CR2E034 (11/98)