


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

FILED

Jan 23 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 # F63895 (9)					
1. Corporation Name AMARUBA, INC.					
Principal Place of Business 1201 NE 99TH STREET MIAMI SHORES FL 33138			Mailing Address 1201 NE 99TH STREET MIAMI SHORES FL 33138		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2153819	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent KRISSEL, RICHARD 5901 SW 74TH ST. S. MIAMI FL 33143			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		
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	VTS	<input type="checkbox"/> DELETE			
NAME	ODUBER, FANNY				
STREET ADDRESS	1201 NE 99TH STREET				
CITY - ST - ZIP	MIAMI SHORES FL				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	ODUBER, GERARDO				
STREET ADDRESS	1201 NE 99TH STREET				
CITY - ST - ZIP	MIAMI SHORES FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ODUBER, HAROLD				
STREET ADDRESS	1201 NE 99TH STREET				
CITY - ST - ZIP	MIAMI SHORES FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
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: HAROLD ODUBER REQUIRED HAROLD ODUBER 1/13/98

CR2E034 (10/97)