

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

FILED

**Feb 11 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003618 (3)
 1. Corporation Name
ARAGUA SERVICES, INC.



Principal Place of Business 2300 N STREET, NW SUITE 600 WASHINGTON DC 20037	Mailing Address 2300 N STREET, NW SUITE 600 WASHINGTON DC 20037-1122
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3. Date Incorporated or Qualified 07/15/1996		3a. Date of Last Report	
4. FEI Number 13-2536825		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <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		23. City & State		28. City & State	
22. City & State		27. City & State		24. Zip		29. Zip	
25. Country		30. Country		9. Name and Address of Current Registered Agent NATIONAL DISTRIBUTING COMPANY 441 SW 12TH AV DEERFIELD BEACH FL 33442			
81. Name				10. Name and Address of New Registered Agent			
82. Street Address (P.O. Box Number is Not Acceptable)				83.			
84. City				85. Zip Code 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: *Edward M. Phillips* DATE: **2/4/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, EDWARD M MR	1.2 NAME	
STREET ADDRESS	35 WEST 43RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAYONNE NJ 07002	1.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURELLI, CRISTINA MRS	2.2 NAME	
STREET ADDRESS	2300 N STREET NW SUITE 600	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20037	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	V
STREET ADDRESS		3.3 STREET ADDRESS	Christine, Vollmer MRS.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	2300 N Street, NW Suit 600 Washington, DC 20037
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	M
STREET ADDRESS		4.3 STREET ADDRESS	Dumit, Alberto MR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	2300 N Street, NW Suite 600 Washington, DC 20037
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Edward M. Phillips* **EDWARD M. PHILLIPS** DATE: **2/4/97** DAYTIME PHONE: **202-663-9024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)