

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90035 019 ***150.00

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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 # F96000003618

1. Corporation Name
ARAGUA SERVICES, INC.

Principal Place of Business 2300 N ST.. N.W. #600 WASHINGTON DC 20037	Mailing Address 2300 N ST.. N.W. #600 WASHINGTON DC 20037
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2121 K Street, NW Suite, Apt. #, etc. 22 Suite 800 City & State 23 Washington, DC Zip 24 20037		2a. Mailing Address 26 2121 K Street, NW Suite, Apt. #, etc. 27 Suite 800 City & State 28 Washington, DC Zip 29 20037		3. Date Incorporated or Qualified 07/15/1996	
				4. FEI Number 13-2536825	
				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 NATIONAL DISTRIBUTING COMPANY 441 S.W. 12TH AVE. DEERFIELD BEACH FL 33442				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				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 signature required when reinstating) DATE _____

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURELLI, CRISTINA MRS	2.2 NAME	Burelli, Cristina address
STREET ADDRESS	2300 N STREET NW SUITE 600	2.3 STREET ADDRESS	2121 K Street, NW Suite 800
CITY-ST-ZIP	WASHINGTON DC 20037	2.4 CITY-ST-ZIP	Washington, DC 20037
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTINE, VOLLMER MRS.	3.2 NAME	Christine, Vollmer address
STREET ADDRESS	2300 N. STREET, NW SUITE 600	3.3 STREET ADDRESS	2121 K Street, NW Suite 800
CITY-ST-ZIP	WASHINGTON DC 20037	3.4 CITY-ST-ZIP	Washington, DC 20037
TITLE	M <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMIT, ALBERTO MR.	4.2 NAME	Dumit, Alberto address
STREET ADDRESS	2300 N. STREET, NW SUITE 600	4.3 STREET ADDRESS	2121 K Street, NW Suite 800
CITY-ST-ZIP	WASHINGTON DC 20037	4.4 CITY-ST-ZIP	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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Alberto Dumit Alberto Dumit 1/13/99 202-2613516
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE034 (11/98)