

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

**FILED**

**Feb 25 1997 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # L18955 (9)**

1. Corporation Name  
**ARAGUA, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>5561 N.W. 74 AVE.<br/>MIAMI FL 33168<br/>US</b> | Mailing Address<br><b>5561 N.W. 74 AVE.<br/>MIAMI FL 33168-4200<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>09/28/1989</b> | 3a. Date of Last Report<br><b>11/12/1996</b> |
|--|--|

|                                |                          |
|--------------------------------|--------------------------|
| 2. Principal Place of Business | 2a. Mailing Address      |
| 21 <b>5581 NW 72 AVE</b>       | 26 <b>5581 NW 72 AVE</b> |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc.   |
| 23 <b>MIAMI FL</b>             | 28 <b>MIAMI FL</b>       |
| 24 <b>33166</b>                | 29 <b>33166</b>          |
| 25 <b>DADE</b>                 | 30 <b>DADE</b>           |

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0149383</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**JATTIN, MOISES  
6360 N.W. 171TH ST.  
MIAMI FL 33015**

10. Name and Address of New Registered Agent

|  |
|--|
| 81 Name<br><b>MOISES JATTIN</b>  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>8660 NW 6LN. Apto 206.</b> |
| 83 City<br><b>MIAMI FL</b>   |
| 84 Zip Code<br><b>33126.</b>   |

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] DATE: **2/20/97**

Skip entire typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                 |   |
|-----------------|---|
| TITLE           | <input type="checkbox"/> DELETE                 |
| NAME            | <b>P JATTIN, MOISES</b>                         |
| STREET ADDRESS  | <b>6360 N.W. 171TH ST. 8660 NW 6LN. APT 206</b> |
| CITY - ST - ZIP | <b>MIAMI FL 33015 MIAMI FL 33126</b>            |
| 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 |   |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 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 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: [Signature] DATE: **2/20/97** (305) 885-3090.

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)