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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90155 003 ***150.00

UCR0057

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **L18955**

1. Corporation Name
ARAGUA, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 10902 NW SO RIVER DR
 BAY 14
 MIAMI FL 33178
 US

Mailing Address
 5581 NW 72 AVE
 MIAMI FL 33166
 US

3. Date Incorporated or Qualified

09/28/1989

2. Principal Place of Business
 21 **8249 NW 36th ST**

2a. Mailing Address
 26 **8249 NW 36th ST**

4. FEI Number
65-0149383

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
104

27 Suite, Apt. #, etc.
104

5. Certificate of Status Desired **\$8.75** Additional Fee Required

23 City & State
MIAMI, FLORIDA

28 City & State
MIAMI, FLORIDA

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **33166** 25 County **U.S.A.**

29 Zip **33166** 30 Country **U.S.A.**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JATTIN, MOISES
 6360 NW 171 ST
 MIAMI FL 33015

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

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 **P** DELETE
 NAME **JATTIN, MOISES**
 STREET ADDRESS: **6360 NW 171 ST**
 CITY-ST-ZIP: **MIAMI FL 33015**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS:
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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(2)(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 307, 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: **MOISES JATTIN** **04-27-99** **(305) 640-1251**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Phone #

CR2E034 (11/98)