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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0218295

PROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # M80345

1. Corporation Name
ARLA INVESTMENTS CORP.

Principal Place of Business	Mailing Address
2300 CORAL WAY SUITE 200 MIAMI FL 33145 US	2300 CORAL WAY SUITE 200 MIAMI FL 33145 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2300 CORAL WAY	26 2300 CORAL WAY
Suite, Apt. #, etc. 22 SUITE # 200	Suite, Apt. #, etc. 27 SUITE # 200
City & State 23 MIAMI FLORIDA	City & State 28 MIAMI FLORIDA
Zip 24 33145 Country 25 U.S.	Zip 29 33145 Country 30 U.S.

3. Date Incorporated or Qualified
05/13/1988

4. FEI Number
65-0053221
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

FLORIDA ANNUAL REPORT SERVICES, INC.
2300 CORAL WAY
#200
MIAMI FL 33145

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 AMADA CANTERA LOPEZ. PRES.
Signature, typed or printed name of registered agent and title if applicable — Date

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	ARTILES, JORGE	
STREET ADDRESS	11171 S.W. 60TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	TD	[ ] DELETE
NAME	RAMON, ARTILES	
STREET ADDRESS	2503 S.W. 11TH STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VD	[ ] DELETE
NAME	ARTILES, LAURA	
STREET ADDRESS	2503 S.W. 11TH STREET	
CITY-ST-ZIP	MIAMI FL 33130	
TITLE	VDD	[ ] DELETE
NAME	ARTILES, ELENA	
STREET ADDRESS	11171 S.W. 60TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	[ ] DELETE
NAME	ARTILES, JORGE R	
STREET ADDRESS	11171 S.W. 60TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	[ ] Change	[ ] Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JORGE ARTILES - President

3/5/99
Date Daytime Phone #