

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 06/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

22 MAY 24 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONNECT

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000036577

1. Corporation Name
ARIE MREJEN, P.A.

Principal Place of Business: 701 W. CYPRESS CREEK RD. SUITE 302 FT. LAUDERDALE FL 33309 US
Mailing Address: PO BOX 5062 FT LAUDERDALE FL 33310 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) grid.

3. Date Incorporated or Qualified (05/19/1993), 4. FEI Number (65-0412499), 5. Certificate of Status Desired, 6. Election Campaign Financing, 7. This corporation owes the current year intangible personal property.

8. Name and Address of Current Registered Agent: MREJEN P.A., ARIE, 701 W CYPRESS CREEK RD, SUITE 302, FT LAUDERDALE FL 33309

18. Name and Address of New Registered Agent (81-85)

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

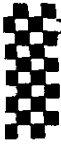
12. OFFICERS AND DIRECTORS table with columns for Title, Name, Street Address, City-St-Zip and a DELETE checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for Title, Name, Street Address, City-St-Zip and checkboxes for Change and Addition.

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; that I am 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 checked, or on an attachment with an address.

SIGNATURE: ARIE MREJEN, Pres. 7/8/99

CR2E034 (5/99)



LAW OFFICES
ARIE MREJEN
A PROFESSIONAL ASSOCIATION

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
DEPARTMENT OF STATE	ARIE MREJEN, ESQ.
COMPANY:	DATE:
DIVISION OF CORPORATIONS	July 7, 1999
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
950-487-6017	3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:

RE:	YOUR REFERENCE NUMBER:
ATTENTION KRISTIN	

- URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Dear Kristin:

Enclosed is a copy of the Annual Report document and a copy of the check that was sent as payment on May 21, 1999 and deposited on June 3, 1999. If there are any problems regarding this matter, please do not hesitate to contact me at the numbers below.

Sincerely,
ARIE MREJEN, P.A.

/S/

By: _____
Arie Mrejen, Esq.

CORPORATE PARK AT CYPRESS CREEK - ONE CYPRESS PLACE
701 WEST CYPRESS CREEK RD., SUITE 302, FORT LAUDERDALE, FLORIDA 33309
POST OFFICE BOX 5082, FORT LAUDERDALE, FLORIDA 33310-5082

TEL: (954) 771-3740
FAX: (954) 771-3047