


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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90039 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000067437

1. Corporation Name
AURON 2000 INC.



Principal Place of Business 255 ALHAMBRA CIRCLE 1140 MIAMI FL 33134 US	Mailing Address 255 ALHAMBRA CIRCLE 1140 MIAMI FL 33134 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 701 BRICKELL KEY BLVD Suite, Apt. #, etc. 22 SUITE 2505 City & State 23 MIAMI FLORIDA 33131 Zip 24		2a. Mailing Address 26 701 BRICKELL KEY BLVD Suite, Apt. #, etc. 27 2505 City & State 28 MIAMI FLORIDA Zip 29 33131 Country 30 USA		3. Date Incorporated or Qualified 09/23/1993	
		4. FEI Number 65-0439971		Applied For Not Applicable	
		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

**MCCLASKEY, ROBERT M JR.
1550 MADRUGA AVENUE
STE. 120
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name MARK RIVLIN
82 Street Address (P.O. Box Number is Not Acceptable) 1550 MADRUGA AVE, STE 120
83
84 City CORAL GABLES
85 Zip Code 33146

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 D	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, ROBERT		1.2 NAME MILLER, ROBERT	
STREET ADDRESS 255 ALHAMBRA CIRCLE STE 1140		1.3 STREET ADDRESS 701 BRICKELL KEY BLVD, STE 2505	
CITY-ST-ZIP CORAL GABLES FL		1.4 CITY-ST-ZIP MIAMI FL 33131	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LANGE, PETER		2.2 NAME RUBIN, GLADELMA	
STREET ADDRESS 333 EDMONSON AVE		2.3 STREET ADDRESS 6761 SW 28 TERR	
CITY-ST-ZIP SARASOTA FL 34242		2.4 CITY-ST-ZIP MIAMI FL 33155	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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)(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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT MILLER, PRESIDENT 4/30/99 (305) 588-8880

Date

Daytime Phone #

06/11/1999