


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

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 093006068404  
 1. Corporation Name  
 Jose Arlen Inc  
 11039 NW 4th St  
 Miami FL 33172

98 SEP -9 PM 8:07  
 SECRETARY OF STATE  
 TALLAHASSEE

Principal Place of Business 11039 NW 4st Miami FL 33172	Mailing Address 11039 NW 4st Miami, FL, 33172
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11039 NW 4st Suite, Apt. #, etc.	2a. Mailing Address 28 11039 NW 4st Suite, Apt. #, etc.
22 NA City & State	27 NA City & State
23 Miami FL Zip Country	28 Miami FL Zip Country
24 33172 25 USA	29 33172 30 USA

3. Date Incorporated or Qualified	4. FEI Number 650440544
5. Certificate of Status Destroyed <input type="checkbox"/> \$8.75 Fee	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 Added
8. This corporation owes or has paid the current year's Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
 Adan Guillen  
 11039 NW 4st  
 Miami FL 33172

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 FL 86 74

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 office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President, Vice Pres. Sec. <input type="checkbox"/> DELETE
NAME	Adan Guillen
STREET ADDRESS	11039 NW 4st
CITY-ST-ZIP	Miami FL 33172
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

1.1 TITLE	<input type="checkbox"/> Change
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change
2.2 NAME	
2.3 STREET ADDRESS	200002637572--3
2.4 CITY-ST-ZIP	-09/11/98--01080--011
3.1 TITLE	***300.00 ***300.00 Change
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change
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(3)(f), Florida Statutes. I further certify that the information 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; I am an officer or director of the corporation; I am a receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is on Block 12 or Block 13-A change or on attachment with an address.