
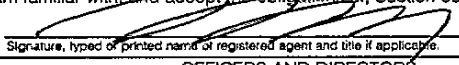


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000088732 (1) 1. Corporation Name COMPANIA AYALIA, INC.					
Principal Place of Business 7500 N.W. 69TH AVE. MIAMI FL 33166			Mailing Address 7500 N.W. 69TH AVE. MIAMI FL 33166		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/01/1987	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		4. FEI Number 52-1638550	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GONZALEZ, PRISCILLA 7500 NW 69 AVE. MEDLEY FL 33166			10. Name and Address of New Registered Agent 81 Name CARLOS A. TROBY 82 Street Address (P.O. Box Number is Not Acceptable) 999 Ponce De Leon Blvd 83 # 1110 84 City Coral Gables FL 85 Zip Code 33134		
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  DATE 1/22/98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D / TREASURER <input type="checkbox"/> DELETE NAME GONZALEZ, JOSE E STREET ADDRESS 7500 N.W. 69TH AVE. CITY-ST-ZIP MEDLEY FL 33166			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE D / President <input type="checkbox"/> DELETE NAME GONZALEZ, PRISCILLA STREET ADDRESS 7500 N.W. 69TH AVE. CITY-ST-ZIP MEDLEY FL 33166			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D / Vice Pres. / Sec. <input type="checkbox"/> DELETE NAME GONZALEZ, REYNALDO STREET ADDRESS 7500 N.W. 69TH AVE. CITY-ST-ZIP MEDLEY FL 33166			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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(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.

SIGNATURE:  FEE REQUIRED

1/19/98

CR2E034 (10/97)