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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000088292 (5)

A.A. DEVELOPERS, INC.

Principal Place of Business	Mailing Address	
8754 S.W. 8TH STREET MIAMI FL 33174	8754 S.W. 8TH STREET MIAMI FL 33174	DO NOT WRIT
		3. Date incorporated or Qualified 12/06/1994
2. Principal Place of Business	2a. Mailing Address	4. FEI Number
21	26	65-0675789
Suite, Apt. #, etc.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired
City & State	City & State	Election Campaign Financing Trust Fund Contribution

FILED Apr 13 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE

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Applied For

Fee Required

Not Applicable

\$8.75 Additional

20 20 20 30 30 30 4 50 50 50 50 50 50 50	City & State	ө	City & State				6. Election Campaign Financing		\$5.00	May Be
24	23						Trust Fund Contribution			
9. Name and Address of Current Registered Agent ARTEAGA, AURELIO 10595 S.W. SBTH STREET MIAM! FL 33173 42 City FL B5 Zip Code 11. Pursuant to the provisions of Sociators 607 0002 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Mordad Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. In a familiar with, and accept the originations of, Section 607 0005, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE DUILIER OF INTERPOLATION OF purpose of changing its registered agent and find appointment of registered agent and find appointment of the purpose of changing its registered agent and find appointment of the purpose of changing its registered agent and find appointment of the purpose of changing its registered agent and find appointment of the purpose of changing its registered agent and find appointment agent and find appointment of the purpose of changing its registered agent and find appointment as registered agent and find appointment agent agent and find appointment agent agent and find appointment agent agen		Country	Zıp	├ ──	ntry					
ARTEAGA, AURELIO 10595 S.W. 58TH STREET MIAMI FL 33173 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL B5 Zip Code 11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the nember composition submits this statement for the purpose of changing its registered of titice or registered agent, or both, in the State of Florida, Such chango was authorized by the corporation's board of directors. I hereby accept the application are registered solen. In familiar with, and accept the obliganous of, Socion 607.0505, Florida Statutes, the composition of the change is registered solen. In familiar with, and accept the obliganous of, Socion 607.0505, Florida Statutes, the composition of the change is registered solen. In familiar with, and accept the obliganous of, Socion 607.0505, Florida Statutes, the composition of the change is registered. SIGNATURE Syndian Indicate increase of registered agent and fact if appareate. OFFICE STATE ADDRESS OFFICERS AND OTHE CTORS IN 12 12. OFFICERS AND OTHE CTORS IN 12 INTE. D. AND INTERPRETATION OFFICERS AND OTHE CTORS IN 12 INT	24			30					<u> </u>	_] No
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MIAMI FL 33173 63 64 City	AR	RTEAGA, AURELIO			81	Name				
B3 64 City FL B5 Zip Code					82	Street Addres	ss (P.O. Box Number is Not Acceptab	le)		
Section Sect	MIAMI FL 33173									
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Slejutos, the above-named corporation submits this statement for the purpose of changing its 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 arm familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature with part agent and their ill approache. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE MAME ARTEAGA, AURELIO 12 MMAE ARTEAGA, AURELIO 10595 S.W. 58TH ST. INITE MAME 10595 S.W. 58TH ST. INITE MAME 10595 S.W. 58TH ST. DELETE 21 TITLE 22 MAME 22 MAME 33 SIRRET ADDRESS DIV-ST-2P TITLE DELETE 31 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 31 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 31 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 51 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 51 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 51 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 51 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 51 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 51 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 51 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 51 TITLE Change Addition MAME SIRRET ADDRESS DIV-ST-2P TITLE DELETE 51 TITLE Change Addition Change Addition DELETE 51 TITLE DELETE 51 TITLE DELETE Change Addition DELETE 51 TITLE DELETE Change Addition DELETE 51 TITLE DELETE Change Addition DELETE 51 TITLE DELETE					83					
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SIGNATURE						·			<u> </u>	·
12. OF Foreign and Ageria signature receptored apert and for it applicables (NOTE Registator) Ageria signature receptor depos reversating) DATE	11. Pursuant office or ragent. La	to the provisions of Sections 607.1 registered agent, or both, in the St im familiar with, and accept the of	0502 and 607.1508, Florid ate of Florida. Such chang oligations of, Section 607.0	la Statutes, the ab ge was authorized 0505, Florida Statu	ove- I by ites	-named corpor the corporation	ration submits this statement for the p n's board of directors. I hereby accep	urpose of t the appo	changing i pintment as	its registerei 3 registered
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14. 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 eath; 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 on an attachment with an oddress.

SIGNATURE: Officely) (The

3-10-99

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