

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

FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090057 (8)

1. Corporation Name
NARHIN, INC.

Principal Place of Business
%JACK JAIVEN
100 CENTURY BLVD
WEST PALM BEACH FL 33417

Mailing Address
%JACK JAIVEN
100 CENTURY BLVD
WEST PALM BEACH FL 33417-2262



3. Date Incorporated or Qualified 12/12/1994	3a. Date of Last Report 07/16/1996
4. FEI Number 65-0547299	Applied For <input type="checkbox"/> 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
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

JAIVEN, JACK
100 CENTURY BLVD
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	NARANJO, MERCEDES H	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARANJO, HERNAN E	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARANJO, ANDRES G	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARANJO, MARIA G	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARANJO, JAVIER M	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NARANJO, OSCAR H	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 do 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: *Hernan Naranjo* HERNAN NARANJO 2/19/97 (561) 487-8845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying Phone #

CR2E034 (9/96)