

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000090057

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90089 036 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1994

4. FEI Number

65-0547299

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	NARANJO, MERCEDES H	1.2 NAME	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	NARANJO, HERNAN E	2.2 NAME	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	NARANJO, ANDRES G	3.2 NAME	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	NARANJO, MARIA G	4.2 NAME	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	NARANJO, JAVIER M	5.2 NAME	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	NARANJO, OSCAR H	6.2 NAME	
STREET ADDRESS	%JACK JAIVEN, 100 CENTURY BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)