


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

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Mar 22, 1999 8:00 am  
Secretary of State

03-22-1999 90083 045 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000058071**  
 1. Corporation Name  
**ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A**



Principal Place of Business 101 MADEIRA AVE. CORAL GABLES FL 33134	Mailing Address 101 MADEIRA AVE. CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/27/1995</b>	
21		26		4. FEI Number <b>65-0599104</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ARAZOZA, CARLOS F 101 MADEIRA AVE. CORAL GABLES FL 33134				81 Name	Arazoza, Comas, de Torres & Fernandez-Fraga, P.A.		
				82 Street Address (P.O. Box Number is Not Acceptable)	2100 Salzedo Street		
				83	Suite 300		
				84 City	Coral Gables,	FL	85

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  ADELAIDA FERNANDEZ-FRAGA DATE 3-18-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	ARAZOZA, CARLOS F.	1.2 NAME	Arazoza, Carlos F.				
STREET ADDRESS	101 MADEIRA AVE	1.3 STREET ADDRESS	2100 Salzedo Street, Suite 300				
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Coral Gables, FL 33134				
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	COMAS, GASTON J.	2.2 NAME	Comas, Gaston J.				
STREET ADDRESS	101 MADEIRA AVE	2.3 STREET ADDRESS	2100 Salzedo Street, Suite 300				
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134				
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	DE TORRES, TERESA	3.2 NAME	De Torres, Teresa				
STREET ADDRESS	101 MADEIRA AVE	3.3 STREET ADDRESS	2100 Salzedo Street, Suite 300				
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	Coral Gables, FL 33134				
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	FERNANDEZ-FRAGA, ADELAIDA	4.2 NAME	Fernandez-Fraga, Adelaida				
STREET ADDRESS	101 MADEIRA AVE	4.3 STREET ADDRESS	2100 Salzedo Street, Suite 300				
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	Coral Gables, FL 33134				
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		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:  **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034.(1/98)