

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000043978 (1)
 1. Corporation Name
AGUAYO ENTERPRISES, INC.



Principal Place of Business 18843 N.W. 89 AVE. MIAMI FL 33015	Mailing Address 18843 N.W. 89 AVE. MIAMI FL 33015
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/17/1996		4. FEI Number 65-0681273		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	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
22 City & State	27 City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip Country	28 Zip Country			
24 Zip	25 Country	29 Zip	30 Country	

9. Name and Address of Current Registered Agent AGUAYO, ALFREDO 18843 N.W. 89 AVE. MIAMI FL 33015		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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAYO, ALFREDO	12 NAME	
STREET ADDRESS	18843 N.W. 89 AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	14 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUAYO, OLGA	22 NAME	
STREET ADDRESS	18843 N.W. 89 AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	24 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBUERNE, LAZARO	32 NAME	
STREET ADDRESS	9106 N.W. 193 ST.	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	34 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBUERNE, BARBARA M	42 NAME	
STREET ADDRESS	9106 N.W. 193 ST.	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 _____ DATE **4-29-98** 305-558-3884

CR2E034 (10/97)