


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90120 003 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000044649

1. Corporation Name
300 ARAGON, INC.

Principal Place of Business
330 GRECO AVE., SUITE 104
CORAL GABLES FL 33146

Mailing Address
330 GRECO AVE., SUITE 104
CORAL GABLES FL 33146



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1996	
21 Suite, Apt. #, etc.		26 200 S. Biscayne Blvd.		4. FEI Number 65-0669189	
22 City & State		27 Suite 4815		Applied For Not Applicable	
23 Zip		28 Miami, FL 33131		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SALUSSOLIA & ASSOCIATES 200 SOUTH BISCAYNE BLVD. SUITE 4815 MIAMI FL 33131				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	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SALUSSOLIA, PIERO			1.2 NAME	SALUSSOLIA, PIERO		
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 4815			1.3 STREET ADDRESS	200 S. Biscayne Blvd. Suite 4815		
CITY-ST-ZIP	MIAMI FL 33131			1.4 CITY-ST-ZIP	Miami, FL 33131		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FIAMBERTI, EUGENIO			2.2 NAME	FIAMBERTI, EUGENIO		
STREET ADDRESS	1420 SOUTH BAYSHORE DRIVE, SUITE 402-E			2.3 STREET ADDRESS	300 S. Pointe Drive Apt. 3506		
CITY-ST-ZIP	MIAMI FL 33131			2.4 CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZERBONE, ALEX			3.2 NAME	DALLE MOLLE, ALDO		
STREET ADDRESS	330 GRECO AVE., SUITE 104			3.3 STREET ADDRESS	300 S. Pointe Drive Apt. 3506		
CITY-ST-ZIP	CORAL GABLES FL 33146			3.4 CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	CAMPS, MARIA ELENA		
STREET ADDRESS				4.3 STREET ADDRESS	200 S. Biscayne Blvd. Suite 4815		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Miami, FL 33131		
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:

Signature of Maria Elena Camps
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

(305) 373-7016
Daytime Phone #

CR2E034 (11/98)