


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

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000077805 (5)**  
 1. Corporation Name  
**MACARENA, INC.**

Principal Place of Business <b>2699 S. Bayshore Drive                  Suite 300-D                  Coconut Grove, FL 33133</b>	Mailing Address <b>2699 S. Bayshore Drive                  Suite 300-D                  Coconut Grove, FL 33133</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/18/1996**

2. Principal Place of Business <b>21 1334 Washington Avenue</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Miami Beach, Florida</b> Zip <b>24 33139</b>	2a. Mailing Address <b>26 1334 Washington Avenue</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Miami Beach, Florida</b> Zip <b>29 33139</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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4. FEI Number  
**APPLIED FOR 65-0759597** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**Jeffrey E. Lehrman, Esq., Professional Corp.**  
**2699 S. Bayshore Drive**  
**Suite 300-D**  
**Miami, Florida 33133**

10. Name and Address of New Registered Agent  
**81 Name Miguel A. Martin, Esq.**  
**82 Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Avenue**  
**83 Suite 830**  
**84 City Miami** **85 FL** **Zip Code 33131**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D. Lehrman, Jeffrey E.</b>	<input checked="" type="checkbox"/>
NAME	<b>Lehrman, Jeffrey E.</b>	
STREET ADDRESS	<b>2699 S. Bayshore Drive, Suite 300-D</b>	
CITY-ST-ZIP	<b>Coconut Grove, FL 33139</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Cesar Ruiz</b>		
1.3 STREET ADDRESS	<b>1334 Washington Avenue, Suite 301</b>		
1.4 CITY-ST-ZIP	<b>Miami, Beach, Florida 33139</b>		
2.1 TITLE	<b>Vice President</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Carlos Galan</b>		
2.3 STREET ADDRESS	<b>1334 Washington Avenue, Suite 301</b>		
2.4 CITY-ST-ZIP	<b>Miami Beach, Florida 33139</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

*Handwritten signature and date: 3/18*

**200002460722**  
**-03/18/98--01036--021**  
**\*\*\*150.00**

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: *Cesar Ruiz*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/97)