

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 # P96000080315

1. Corporation Name  
AUBURN HARBOR, INC.

Principal Place of Business  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

Mailing Address  
POST OFFICE BOX 144479  
CORAL GABLES FL 33114-4479

02 APR 90 PM 3:52



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified	Applied For
09/26/1996	Not Applicable
4. FEI Number	Fee Required
NOT APPLICABLE	\$8.75 Additional
5. Certificate of Status Desired	Added to Fees
[ ]	\$5.00 May Be
6. Election Campaign Financing	Added to Fees
[ ]	
7. Trust Fund Contribution	
[ ]	
8. This corporation owes the current year Intangible	
Personal Property Tax	[ ] Yes [ ] No

9. Name and Address of Current Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name Spiegel & Utrera, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 343 Almeria Avenue
83 City Coral Gables
84 FL
85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 the provisions of Section 607.0505, Florida Statutes.

SIGNATURE By: *Natalia Utrera*  
Signature, typed or printed name of registered agent, if applicable: **Natalia Utrera, Vice-President**

12. OFFICERS AND DIRECTORS	
TITLE	11 TITLE
NAME	12 NAME
STREET ADDRESS	13 STREET ADDRESS
CITY-ST-ZIP	14 CITY-ST-ZIP
TITLE	21 TITLE
NAME	22 NAME
STREET ADDRESS	23 STREET ADDRESS
CITY-ST-ZIP	24 CITY-ST-ZIP
TITLE	31 TITLE
NAME	32 NAME
STREET ADDRESS	33 STREET ADDRESS
CITY-ST-ZIP	34 CITY-ST-ZIP
TITLE	41 TITLE
NAME	42 NAME
STREET ADDRESS	43 STREET ADDRESS
CITY-ST-ZIP	44 CITY-ST-ZIP
TITLE	51 TITLE
NAME	52 NAME
STREET ADDRESS	53 STREET ADDRESS
CITY-ST-ZIP	54 CITY-ST-ZIP
TITLE	61 TITLE
NAME	62 NAME
STREET ADDRESS	63 STREET ADDRESS
CITY-ST-ZIP	64 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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\*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.07(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date: Daytime Phone #

017000

CR2E034 (11/98)