

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90097 042 ***150.00

0257437

DOCUMENT # P96000103113

1. Corporation Name
THE ARZA GROUP, INC.

Principal Place of Business
9737 DORAL BLVD.
SUITE 292
MIAMI FL 33178

Mailing Address
9737 DORAL BLVD.
SUITE 292
MIAMI FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/19/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0756355	
24 Country		30 Country		Applied For	
				Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
ARZA, RALPH 9921 N.W. 51ST LANE MIAMI FL 33178				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent					
81 Name				Eris A. Arza	
82 Street Address (P.O. Box Number is Not Acceptable)				9921 N.W. 51 Lane	
83					
84 City				Miami, FL	
				85 Zip Code	
				33178	
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 <i>Eris A. Arza</i> DATE 7/29/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
TITLE	VP	<input checked="" type="checkbox"/> DELETE			
NAME	ARZA, ERIS N				
STREET ADDRESS	9921 N.W. 51 LANE				
CITY-ST-ZIP	MIAMI FL 33196 33178				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	ARZA, NIDIA E				
STREET ADDRESS	1527 N.W. 8 STREET				
CITY-ST-ZIP	MIAMI FL 33125				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	ZAYAS, ERIS				
STREET ADDRESS	10809 N.W. 7 STREET, #11				
CITY-ST-ZIP	MIAMI FL 33172				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	RODRIGUEZ, ROLANDO				
STREET ADDRESS	14457 S.W. 83RD STREET				
CITY-ST-ZIP	MIAMI FL 33183				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
4.2 NAME	Evelyn Ortiz, Secretary				
4.3 STREET ADDRESS	4737 Doral Blvd. Suite 292				
4.4 CITY-ST-ZIP	Miami, FL 33178				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)