

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 # P97000008195

1. Corporation Name
AEB FLORIDA, INC.

Principal Place of Business
% MICHAEL ORTIZ
2065 S. BAYSHORE DR SUITE 202
MIAMI FL 33133
XXXXXX

Mailing Address
% MICHAEL ORTIZ
2065 S. BAYSHORE DR SUITE 202
MIAMI FL 33133
XXXXXX

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90193 043 ***150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 328 Minorca Ave, 2FL	27 328 Minorca Ave, 2 FL
23 City & State	28 City & State
23 Coral Gables, FL	28 Coral Gables, FL
24 Zip	29 Zip
24 33134	29 33134
25 Country	30 Country
25 USA	30 USA

3. Date Incorporated or Qualified	Applied For
01/28/1997	Not Applicable
4. FEI Number	Applied For
65-0721685	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution	
<input type="checkbox"/>	
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
ORTIZ, MICHAEL ESO 2065 S. BAYSHORE DR SUITE 202 MIAMI FL 33133 XXXXXX	81 Name Michael Ortiz, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 328 Minorca Avenue - 2nd Floor 83 84 City Coral Gables FL 85 Zip Code 33134

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 signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	AEBERHARDT, MATTHIAS				
STREET ADDRESS	712 SOLAR ISLE DRIVE				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	MANFREDI, JACOPO				
STREET ADDRESS	712 SOLAR ISLE DRIVE				
CITY-ST-ZIP	FORT LAUDERDALE FL 33304				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS	2336 S.E. 9th Street				
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS	2336 S.E. 9th Street				
2.4 CITY-ST-ZIP	Pompano Beach, FL 33062				
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 type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
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

344/99 954 783 6317
Date Daytime Phone #

CR2E034 (1/98)