

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

FILED

Jan 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000039105
1. Corporation Name

AARON GROUP, INC.

Principal Place of Business	Mailing Address
7975 N.W. 154 Street Suite 340 Miami, Florida 33016	7975 N.W. 154 Street Suite 340 Miami, Florida 33016

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified May 1, 1997	3a. Date of Last Report 1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0755162	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Carlos A. Triay
82 Street Address (P.O. Box Number is Not Acceptable)	999 Ponce De Leon Blvd.
83	Suite 1110
84 City	Coral Gables
85 Zip Code	FL 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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

1/8/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input type="checkbox"/> DELETE	11 TITLE	President/ Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Santiago Fernandez	
STREET ADDRESS		13 STREET ADDRESS	7975 N.W. 154 Street Suite 340	
CITY - ST - ZIP		14 CITY - ST - ZIP	Miami, Florida 33016	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	Treasurer/ Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	Rafael Sanchez	
STREET ADDRESS		23 STREET ADDRESS	7975 N.W. 154 Street Suite 340	
CITY - ST - ZIP		24 CITY - ST - ZIP	Miami, Florida 33016	
TITLE	<input type="checkbox"/> DELETE	31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY - ST - ZIP		34 CITY - ST - ZIP		
TITLE	<input type="checkbox"/> DELETE	41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY - ST - ZIP		44 CITY - ST - ZIP		
TITLE	<input type="checkbox"/> DELETE	51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY - ST - ZIP		54 CITY - ST - ZIP		
TITLE	<input type="checkbox"/> DELETE	61 TITLE	700002405457	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-01/20/98--01123--009	
STREET ADDRESS		63 STREET ADDRESS	***158.75	
CITY - ST - ZIP		64 CITY - ST - ZIP		

14. I do 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-98

(305) 2983537

CR2E034 (9/96)