

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

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

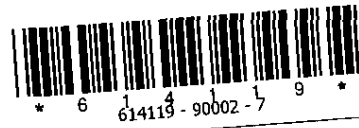
09-10-1999 90002 013 *****8.75
 09-10-1999 90002 014 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **997000047144**
 1. Corporation Name
ARARAT CORPORATION



Principal Place of Business Mailing Address
8410 West Flagler Street, #206B Same
Miami, FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/29/97

2. Principal Place of Business 2a. Mailing Address
5194 N.W. 106 Avenue **5194 N.W. 106 Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
Miami, FL **Miami, FL**
 Zip Country Zip Country
33178 **USA** **33178** **USA**

4. FEI Number **65-0764467** Applied For Not Applicable
 5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. 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
Maria L. Alo-Naranjo
8410 West Flagler Street, #206B
Miami, FL 33144

10. Name and Address of New Registered Agent
 81 Name **Maria L. Alo-Naranjo**
 82 Street Address (P.O. Box Number is Not Acceptable) **8300 S.W. 8 Street, #304**
 83
 84 City **Miami** **FL** 85 Zip Code **33144**

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]*
 Signature, typed in printed name of registered agent, and filed applicable

(NOTE: Registered Agent signature required when completing)
 DATE **7/1/99**

12. OFFICERS AND DIRECTORS

1.1 TITLE	Director	<input type="checkbox"/> DELETE
1.2 NAME	Eduardo Murekian	
1.3 STREET ADDRESS	8410 W. Flagler St., #206B	
1.4 CITY-ST-ZIP	Miami, FL 33144	<input type="checkbox"/> DELETE
2.1 TITLE		<input type="checkbox"/> DELETE
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> DELETE
3.1 TITLE		<input type="checkbox"/> DELETE
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> DELETE
4.1 TITLE		<input type="checkbox"/> DELETE
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> DELETE
5.1 TITLE		<input type="checkbox"/> DELETE
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> DELETE
6.1 TITLE		<input type="checkbox"/> DELETE
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eduardo Murekian	
1.3 STREET ADDRESS	5194 N.W. 106 Avenue	
1.4 CITY-ST-ZIP	Miami, FL 33178	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b) 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.

Eduardo Murekian

305-223-5000

7/1/99

CR2E034 (10/97)