
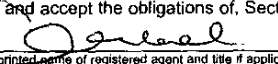


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May 06, 1999 8:00 am
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05-06-1999 90193 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000066225			
1. Corporation Name AEB MIAMI, INC.			
Principal Place of Business % MICHAEL ORTIZ 2665 S. BAYSHORE DRIVE SUITE 902 MIAMI FL 33134 US		Mailing Address % MICHAEL ORTIZ 2665 S. BAYSHORE DRIVE SUITE 902 MIAMI FL 33134 US	
2. Principal Place of Business 21 328 Minorca Avenue Suite, Apt. #, etc. 22 2nd Floor City & State 23 Coral Gables, FL Zip 24 33134 25 USA		2a. Mailing Address 26 328 Minorca Avenue Suite, Apt. #, etc. 27 2nd Floor City & State 28 Coral Gables, FL Zip 29 33134 30 USA	
9. Name and Address of Current Registered Agent ORTIZ, MICHAEL E SQ. 2665 S. BAYSHORE DR STE 902 MIAMI FL 33134			
10. Name and Address of New Registered Agent 81 Name Michael Ortiz, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 328 Minorca Avenue 83 2nd Floor 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  DATE 4/30/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE NAME AEBERHARDT, FRED STREET ADDRESS 241 SEVILLA AVE. STE 802 CITY-ST-ZIP CORAL GABLES FL 33134		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	
TITLE S <input type="checkbox"/> DELETE NAME TUBBS, MARTY STREET ADDRESS 241 SEVILLA AVE, STE 802 CITY-ST-ZIP CORAL GABLES FL 33134		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	
TITLE D <input type="checkbox"/> DELETE NAME AEBERHARDT, MATTHIAS STREET ADDRESS 241 SEVILLA AVE, STE 802 CITY-ST-ZIP CORAL GABLES FL 33134		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 2336 S.E. 9th Street 3.4 CITY-ST-ZIP Pompano Beach, FL 33062	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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