

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

PROFIT CORPORATION
ANNUAL REPORT
10 - 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # P97000076922
ADRIAN ENTERPRISES, INC.

FILED
99 DEC 27 AM 10: 51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Place of Business Mailing Address
P.O. BOX 822240
SOUTH FLORIDA, FL
33082-2240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 9-5-97	
4. FEI Number 59-3469351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

26	2a. Mailing Address
27	Suite, Apt. #, etc.
28	City & State
29	Zip
30	Country

9. Name and Address of Current Registered Agent
ERIC P LITTMAN, ESQ
128 BRICKELL AVENUE 8TH FLOOR
MIAMI, FL 33131

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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: _____
(NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PRESIDENT, SECRETARY & DIRECTOR RAFAEL BELTRAN P.O. Box 822240 South Florida, FL 33082-2240	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		1.2 NAME	
		1.3 STREET ADDRESS	100003088021--4
		1.4 CITY-ST-ZIP	-01/05/00--01003--003
		2.1 TITLE	****300.00 ****300.00
		2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		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 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	

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: _____ 12/23/99

GERSON, PRESTON & COMPANY, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

GARY R. GERSON, CPA
RICHARD C. PRESTON, CPA
ALAN S. ROSEN, CPA
ARTHUR I. BROWN, CPA
JAMES P. ROBINSON, CPA
DONALD M. GERSON, CPA
DANIEL S. KUSHNER, CPA
STEVEN F. KLEIN, CPA

STEPHEN R. TEPPER, CPA
BARRET BLECKER, CPA
MANNY M. ILAGAN, CPA
CALVIN BECKER, CPA
ROBERT P. FEDDERMAN, CPA
EDUARDO M. ZUNIGA, CPA
ROSE B. ROBINSON, CPA
JUDD A. BERKLEY, CPA
EDWARD D. DEPPMAN, CPA
ROBERT J. McCLERNON, CPA
DOROTHY S. EISENBERG, CPA
MARSHALL SAPERSTEIN, CPA
SCOTT N. WOOLMAN, CPA
ALAN A. LIPS, CPA
DAVID A. STEINBERG, CPA
BARRY A. DRESSLER, CPA
MELISSE G. BURSTEIN, CPA
MICHAEL T. BADEN, CPA
RONALD A. UNGER, CPA
ALAN E. STANDER, CPA
LEO GOLDMAN, CPA

MIAMI BEACH OFFICE
866 SEVENTY-FIRST STREET
MIAMI BEACH, FLORIDA 33141

DADE: (305) 868-3600
BROWARD: (954) 522-3202
BOCA RATON: (561) 392-9059
PALM BEACH: (561) 833-9573
ORLANDO: (407) 843-1159
TAMPA: (813) 228-9275
FACSIMILE: (305) 864-6740
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REPLY TO: MIAMI BEACH OFFICE

BOCA RATON OFFICE
ONE BOCA PLACE • SUITE 324A
2255 GLADES ROAD
BOCA RATON, FLORIDA 33431
TEL: (561) 392-9059
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TAMPA OFFICE
THE FINANCIAL CENTER
2701 WEST BUSCH BLVD • SUITE 131D
TAMPA, FLORIDA 33618
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FACSIMILE: (813) 225-1254

MEMBERS
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

December 23, 1999

State of Florida
Department of State
Annual Reports
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Marvian Enterprises, Inc.
EIN: #59-3469351
Doc: #P97000076922
Reports: 1998 and 1999

Dear Sir/Madam:

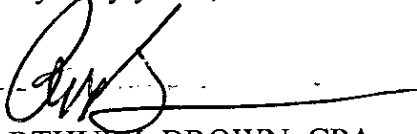
Enclosed find the annual report form for 1999 for Marvian Enterprises, Inc., with a check for \$300, covering annual report fees for 1998 and 1999 for the corporation. The taxpayer respectfully requests that the penalties for 1998 and 1999 be waived, and in support, states the following:

1. The taxpayer never received the preprinted forms from the Secretary of State's office for 1998 or 1999.
2. The taxpayer verified with the Secretary of State's office in December 1999, that the corporation was dissolved in 1998 for not filing the 1998 report.
3. The taxpayer, upon receipt of appropriate forms and/or notification, files all of its tax returns on a timely basis.

Please adjust your records to reflect that Marvian Enterprises, Inc. document number P97000076922, is an active corporation duly qualified to do business in the State of Florida through 1999, and waive assessment of any additional penalties that may be due.

Thank you for your prompt attention to this matter.

Very truly yours,


ARTHUR I. BROWN, CPA