

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000081905 (6)

1. Corporation Name
ARONI (G.P.), INC.

Principal Place of Business

4747 COLLINS AVE
#1508
MIAMI BEACH FL 33140

Mailing Address

4747 COLLINS AVE
#1508
MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1997

4. FEI Number

65-0787742

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 6767 NW 74TH AVENUE

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FLORIDA

Zip

24 33166

Country

25 MIAMI, DADE

2a. Mailing Address

26 6767 NW 74TH AVENUE

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33166

Country

30 MIAMI, DADE

9. Name and Address of Current Registered Agent

ROSENBERG, FABIANA NOEMI
4747 COLLINS AVE
#1508
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

MIGDALIA E. ALVARADO

82

Street Address (P.O. Box Number is Not Acceptable)

6767 NW 74TH AVENUE

83

84 City

MIAMI,

FL

85

Zip Code

33166

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

Migdalía E. Alvarado

MIGDALIA E. ALVARADO

01/13/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition



Change



Addition

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.

SIGNATURE

Fabiana N. Rosenberg

FABIANA N. ROSENBERG

01/13/98 (305)534-6846

CR2E034 (10/97)