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Secretary of State

03-25-1999 90046 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000027189

1. Corporation Name

ISMAEL AYALA, INC.



Principal Place of Business	Mailing Address
4533 S. KIRKMAN ROAD APARTMENT 1 ORLANDO FL 32811	4533 S. KIRKMAN ROAD APARTMENT 1 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4769 Cason Cove Dr.		25 4769 Cason Cove Dr.		03/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Apt 1103		27 Apt 1103		593539726	
City & State		City & State		Applied For	
23 Orlando FL		28 Orlando FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32811		29 32811		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution	
25 Orange		30 Orange		7.85 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax.	
AYALA, ISMAEL		81 Name		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
4533 S. KIRKMAN ROAD		82 Street Address			
APARTMENT 1		83 Apt 1103			
ORLANDO FL 32811		84 ORLANDO FL			

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: *Ismael Ayala*

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 3/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME	AYALA, ISMAEL	1.2 NAME	Ayala, Ismael
STREET ADDRESS	4533 S. KIRKMAN ROAD, APT. 1	1.3 STREET ADDRESS	4769 Cason Cove Dr Apt 1103
CITY-STATE-ZIP	ORLANDO FL 32811	1.4 CITY-STATE-ZIP	Orlando Florida 32811
TITLE		2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE		3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

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, with all other like empowered.

SIGNATURE: *Ismael Ayala*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 3/12/99 407-835-9328

Date

Daytime Phone #

CR2E03A (1/98)