

FILED
Mar 25, 1999 8:00 am
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 4533 S. KIRKMAN ROAD APARTMENT 1 ORLANDO FL-32811	Mailing Address 4533 S. KIRKMAN ROAD APARTMENT 1 ORLANDO FL-32811
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3. Date Incorporated or Qualified
03/23/1998

21. Principal Place of Business 47169 Cason Cove Dr. Suite, Apt. #, etc. Apt 1103 City & State Orlando FL Zip 32811	25. Mailing Address 47169 Cason Cove Dr. Suite, Apt. #, etc. Apt 1103 City & State Orlando FL Zip 32811	29. Orange	30. Orange
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4. FEI Number 593539726	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

9. Name and Address of Current Registered Agent
AYALA, ISMAEL
4533 S. KIRKMAN ROAD
APARTMENT 1
ORLANDO FL-32811

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83 City & State	84 Zip Code
	47169 Cason Cove Dr	Orlando FL	32811

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* DATE: 3/12/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	AYALA, ISMAEL	
STREET ADDRESS	4533 S. KIRKMAN ROAD, APT. 1	
CITY-ST-ZIP	ORLANDO FL 32811	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ayala, Ismael
1.3 STREET ADDRESS	47169 Cason Cove Dr, Apt 1103
1.4 CITY-ST-ZIP	Orlando Florida 32811
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
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	

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 REQUIRED

3/12/99 407-835-9328

CR2E03A (1/98)