

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

0251509

PROFIT CORPORATION ANNUAL REPORT 1999



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

F.R.E.D.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P98000033495

99 APR 21 AM 10:24

1. Corporation Name
ADRIAN INDUSTRIAL ENTERPRISES, INC.



Principal Place of Business Mailing Address
2450 S.W. 137TH AVENUE SUITE 226 MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date Incorporated or Qualified
04/13/1998
4. F.I. Number **65-0827188** 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 the current year Intangible Personal Property Tax Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**A&P REGISTERED AGENTS, INC
2450 S.W. 137TH AVENUE
SUITE 226
MIAMI FL 33175**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and the filer, if applicable

(NOTE: Registered Agent Signature required when first filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ADRIAN, ALVARO L	
STREET ADDRESS	2460 SW 137TH AVE., SUITE 238	
CITY-ST-ZIP	MIAMI FL 33175	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P.T.S** Change Addition
12 NAME **Alvaro L. Adrian**
13 STREET ADDRESS **2460 SW 137 AVE, STE 238**
14 CITY-ST-ZIP **Miami, FL 33175**
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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*****150.00 ***150.00**

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 supplement to 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

305-221-1575

CR2E034 (11/98)