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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90180 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000038558

1. Corporation Name
CHRIANA, INC.



Principal Place of Business C/O PAYER & TWOMBLY, P.A. 299 ALHAMBRA CIRCLE SUITE 221 CORAL GABLES FL 33134	Mailing Address C/O PAYER & TWOMBLY, P.A. 299 ALHAMBRA CIRCLE SUITE 221 CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7433 VISTAL MAR ST Suite, Apt. #, etc. 22 CORAL GABLES, FL City & State 23 33143 USA Zip Country 24 25		2a. Mailing Address 26 7433 VISTAL MAR ST. Suite, Apt. #, etc. 27 City & State 28 CORAL GABLES, FL Zip Country 29 33143 30 USA		3. Date Incorporated or Qualified 04/29/1998	4. FEI Number 65-0840558 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	7. This corporation owes the current year Intangible Personal Property Tax. Yes No
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9. Name and Address of Current Registered Agent

PAYER, JAMES D
C/O PAYER & TWOMBLY, P.A.
299 ALHAMBRA CIRCLE SUITE 221
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name PAYER, JAMES D	82 Street Address (P.O. Box Number is Not Acceptable) 1999 SW 27 AVE	83 Second Floor	84 City Miami	85 FL	Zip Code 33145
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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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE PAYER, JAMES D 299 ALHAMBRA CIRCLE, SUITE 221 CORAL GABLES FL 33134	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAIME MORENO 7433 VISTAL MAR ST. CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

4-20-99 305-6656522