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Secretary of State

03-10-1999 90255 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000039226			
1. Corporation Name MICHEL ARAMOUNI, INC.			
Principal Place of Business 314 FORESTA TERRACE WEST PALM BEACH FL 33415		Mailing Address 314 FORESTA TERRACE WEST PALM BEACH FL 33415	
2. Principal Place of Business 21		2a. Mailing Address 28	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
9. Name and Address of Current Registered Agent NORWICH, GRACE 5600 POINSETTIA AVENUE, APT #709 WEST PALM BEACH FL 33407			
10. Name and Address of New Registered Agent 81 Name <i>Michel Aramouni</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>134 Pheasant Run Blvd.</i> 83 84 City <i>WPR</i> FL 85 Zip Code <i>33415</i>			
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 <i>[Signature]</i> DATE <i>3-5-99</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>			
12. OFFICERS AND DIRECTORS TITLE <i>President</i> <input type="checkbox"/> DELETE NAME <i>Michel Aramouni</i> STREET ADDRESS <i>134 Pheasant Run Blvd.</i> CITY-ST-ZIP <i>WPR FL 33415</i> <input type="checkbox"/> DELETE 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <i>President</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <i>Michel Aramouni</i> 1.3 STREET ADDRESS <i>134 Pheasant Run Blvd.</i> 1.4 CITY-ST-ZIP <i>WPR FL 33415</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 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:

[Signature] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)