


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

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90069 010 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000098387</b>					
1. Corporation Name <b>CABIELES AND ASSOCIATES, INC.</b>					
Principal Place of Business <b>8910 SW 142ND AVE. #614 MIAMI FL 33186</b>			Mailing Address <b>8910 SW 142ND AVE. #614 MIAMI FL 33186</b>		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/19/1998</b>		4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26 8306 Mills Drive</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27 # 148</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State <b>23</b>		City & State <b>28 Miami, FL</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip <b>24</b>		Zip <b>29 33183</b>		Country <b>30</b>	

9. Name and Address of Current Registered Agent <b>CABIELES, SARA 8910 SW 142ND AVE, #614 MIAMI FL 33186</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CABIELES, SARA</b>			1.2 NAME	<b>CABIELES, SARA</b>		
STREET ADDRESS	<b>8910 SW 142ND AVE, #614</b>			1.3 STREET ADDRESS	<b>8306 Mills Drive #148</b>		
CITY-ST-ZIP	<b>MIAMI FL 33186</b>			1.4 CITY-ST-ZIP	<b>Miami, FL 33183</b>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*SARA L. CABIELES* **REQUIRED SARA L. Cabieles 4/15/99 (305) 271-8898**

CR2E034 (1/98)