

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S60927 (8)
1. Corporation Name
AUM ENTERPRISES, INC.



Principal Place of Business
5960 SW 48 ST
MIAMI FL 33155
US

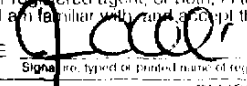
Mailing Address
5960 SW 48 ST
MIAMI FL 33155
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2855 TIGERTAIL AVE. #219 Suite, Apt. #, etc. 22 MIAMI, FLORIDA City & State 23 Zip 24 33133 Country 25 U.S.A.		2a. Mailing Address 26 AUM ENTERPRISES, INC. Suite, Apt. #, etc. 27 2855 TIGERTAIL AVE. #219 City & State 28 MIAMI, FLORIDA Zip 29 33133 Country 30 U.S.A.		3. Date Incorporated or Qualified 06/17/1991	
		4. FEI Number 11-3075814		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 or has paid the current year intangible Personal Property Tax due June 30		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent KORALLIS, JAMES 5960 SW 48 ST MIAMI FL 33155		10. Name and Address of New Registered Agent 81 Name KORALLIS, JAMES 82 Street Address (P.O. Box Number is Not Acceptable) 2855 TIGERTAIL AVE. #219 83 84 City MIAMI FL 85 Zip Code 33133	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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  JAMES KORALLIS PRESIDENT 4/30/98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	KORALLIS, JAMES	1.2 NAME	KORALLIS, JAMES
STREET ADDRESS	5960 SW 48ST	1.3 STREET ADDRESS	2855 TIGERTAIL AVE. #219
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FLORIDA 33133
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE:  JAMES KORALLIS 4/30/98 (305) 757-7415

CR2E034 (10/97)