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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S69447 (8)

1. Corporation Name:
THE ARIEN PROPERTY, INC.



Principal Place of Business: **8130 S DADELAND BLVD. SUITE 1107 MIAMI FL 33156-7848**
 Mailing Address: **9130 S DADELAND BLVD. SUITE 1107 MIAMI FL 33156-7948**

3. Date Incorporated or Qualified: **07/30/1991** 3a. Date of Last Report: **02/06/1996**
 4. FEI Number: **65-0275711** 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21. State, Apt. #, etc.: **Suite 1607** 22. City & State: **MIAMI FL** 23. Zip: **33156-7851** Country: **USA**
 2a. Mailing Address: 26. State, Apt. #, etc.: **Suite 1607** 27. City & State: **MIAMI FL** 28. Zip: **33156-7951** Country: **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMOROS, ALBERTO
9130 S DADELAND BLVD.
SUITE 1107
MIAMI FL 33156-7848

B1 Name: **Alberto Amoros**
 B2 Street Address (P.O. Box Number is Not Acceptable): **9130 S Dadeland Blvd. Suite 1107**
 B3 City: **MIAMI**
 B4 State: **FL** B5 Zip Code: **33156-7851**

11. Pursuant to the provisions of Sections 607.09(2) 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	NEIRA, CESAR	
STREET ADDRESS	ALAMEDA DEL CREPUSCULO 100	
CITY-STATE-ZIP	LIMA, PERU	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	NEIRA, TERESA UYESU DE	
STREET ADDRESS	ALAMEDA DEL CREPUSCULO 100	
CITY-STATE-ZIP	LIMA, PERU	
TITLE	S	<input type="checkbox"/> DELETE
NAME	AMOROS, ALBERTO	
STREET ADDRESS	14224 SW 91 ST.	
CITY-STATE-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEIRA, UYESU, ENRIQUE	
STREET ADDRESS	ALAMEDA DEL CREPUSCULO 100	
CITY-STATE-ZIP	LIMA PE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEIRA, UYESU, CESAR	
STREET ADDRESS	ALAMEDA DEL CREPUSCULO 100	
CITY-STATE-ZIP	LIMA PERU	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEIRA UYESU, TERESA	
STREET ADDRESS	ALAMEDA DEL CREPUSCULO 100	
CITY-STATE-ZIP	LIMA PE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do 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: _____ **CE SAR NEIRA, Pres. 3/17/97 670 3716**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No

CR2E034 (9/96)