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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V29774

1. Corporation Name

A. A. Family Inc.

Principal Place of Business

Mailing Address

7850 S.W. 82 ct
MIAMI, FLA. 33143

SAME

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Julio C. Marrero Esq
2903 Salzedo St
CORAL GABLES FL 33134

81 Name: Julio C. Marrero
82 Street Address (P.O. Box Number is Not Acceptable): 2903 SALZEDO STREET
83
84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 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

Signature of Registered Agent

Signature of New Registered Agent

3/8/96

12. OFFICERS AND DIRECTORS

TITLE: ~~ANA ARIAS~~ PRESIDENT
NAME: ANA ARIAS
STREET ADDRESS: 7850 S.W. 82 ct
CITY-ST-ZIP: Miami FL 33143

TITLE: Vice Pres / Secretary
NAME: Alfredo A. ARIAS
STREET ADDRESS: 7850 S.W. 82 ct
CITY-ST-ZIP: Miami FL 33143

TITLE: ~~Ernest R. Arias~~
NAME: Ernest R. ARIAS
STREET ADDRESS: 7850 S.W. 82 ct
CITY-ST-ZIP: Miami FL 33143

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE:
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE:
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE:
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE:
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE:
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE:
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

Vice President / Secretary
JUANNA M. ARIAS
7850 S.W. 82 ct.
Miami FL 33143

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: president April 22 1996 315-2797523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing

CR2E034 (12/95)