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

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**PROFIT** CORPORATION ANNUAL REPORT



Country

9. Name and Address of Current Registered Agent

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230 S.W. TAMIAMI CANAL RD.

FLEITAS, GLORIA

MIAMI FL 33144

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

ARSAB, CORP.

Principal Place of Business

230 S.W. TAMIAMI CANAL RD. MIAMI FL 33144

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

% GLORIA FLEITAS

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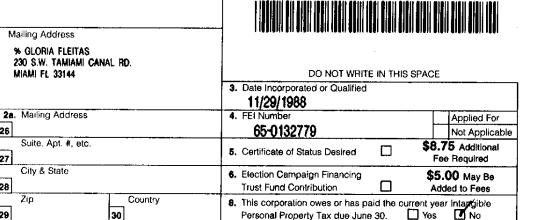
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Zip

(0)

**FILED** Mar 25 1998 8:00am Secretary of State



Street Address (P.O. Box Number is Not Acceptable)

10. Name and Address of New Registered Agent

Zip Code 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.

81 Name

83 84 City

**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition FLEITAS, GLORIA NAME 1.2 NAME 230 SW TAMIAMI CANAL RD. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-7/P D DELETE TITLE 2.1 TITLE Change Addition FLEITAS, BARBARA LIZ NAME 2.2 NAME 230 SW TAMIAMI CANAL RD. STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ■ Addition FLEITAS. GEORGE ANTHONY NAME 3.2 NAME 230 SW TAMIAMI CANAL RD. STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition FLEITAS, DANIEL J. 4. 2 NAME 230 SW TAMIAMI CANAL RD STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE TITLE 51 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change 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.