

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED); MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
95 AUG 10 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # P93000071257 (8)**

1. Corporation Name  
**ARENA CORP.**

Principal Place of Business Mailing Address  
**1530 COLLINS AVENUE MIAMI FL 33139**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/14/1993** 3a. Date of Last Report **07/13/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **1700 COLLINS AVE.** 26 **SAME AS 2.**

4. FEI Number **65-0441805** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State **MIAMI BEACH, FL.** 28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **33139** 25 Country **U.S.A.** 29 Zip 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**GONZALEZ, LUIS A  
1530 COLLINS AVENUE  
MIAMI FL 33139**

81 Name **LUIS A. GONZALEZ**  
82 Street Address (P.O. Box Number is Not Acceptable) **2655 COLLINS AVE.**  
83 **#606**  
84 City **MIAMI BEACH, FL** 85 Zip Code **33140**

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]*

NOTE: Registered Agent signature required when reinstating.

DATE

**07/31/95**

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>GONZALEZ, LUIS A</b>
STREET ADDRESS	<b>1530 COLLINS AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL 33139</b>
TITLE	<b>STD</b>
NAME	<b>DOMIZOLI, MARIA D</b>
STREET ADDRESS	<b>1530 COLLINS AVENUE</b>
CITY - ST - ZIP	<b>MIAMI FL 33139</b>
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	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GONZALEZ, LUIS A.</b>
1.3 STREET ADDRESS	<b>2655 COLLINS AVE. #606</b>
1.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL. 33140</b>
2.1 TITLE	<b>STD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DOMIZOLI, MARIA D.</b>
2.3 STREET ADDRESS	<b>2655 COLLINS AVE. #606</b>
2.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL. 33140</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/31/95 (305) 670-6262**

DATE

PHONE NUMBER

CR2E034 (395)