

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000016096 (7)**

1. Corporation Name
ARISSA ENTERPRISES, INC.



Principal Place of Business: **7501 N.W. 4TH ST. #112 PLANTATION FL 33317**
Mailing Address: **7501 N.W. 4TH ST. #112 PLANTATION FL 33317**

3. Date Incorporated or Qualified: **03/01/1994**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **65-0469987**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**WACHHOLDER, BARRY L
7501 N.W. 4TH ST.
#112
PLANTATION FL 33317**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0142 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0146, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHHOLDER, ARIELLE	13 NAME	
STREET ADDRESS	7501 N.W. 4TH ST., #112	13 STREET ADDRESS	
CITY- ST- ZIP	PLANTATION FL 33317	13 CITY- ST- ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHHOLDER, ALYSSA	21 NAME	
STREET ADDRESS	7501 N.W. 4TH ST., #112	21 STREET ADDRESS	
CITY- ST- ZIP	PLANTATION FL 33317	21 CITY- ST- ZIP	
TITLE	D	22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WACHHOLDER, BARRY L	22 NAME	
STREET ADDRESS	7501 N.W. 4TH ST., #112	22 STREET ADDRESS	
CITY- ST- ZIP	PLANTATION FL 33317	22 CITY- ST- ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		23 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY- ST- ZIP		23 CITY- ST- ZIP	
TITLE		24 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		24 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE		25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		25 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY- ST- ZIP		25 CITY- ST- ZIP	
TITLE		26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26 NAME	
STREET ADDRESS		26 STREET ADDRESS	
CITY- ST- ZIP		26 CITY- ST- ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		27 NAME	
STREET ADDRESS		27 STREET ADDRESS	
CITY- ST- ZIP		27 CITY- ST- ZIP	
TITLE		28 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		28 STREET ADDRESS	
CITY- ST- ZIP		28 CITY- ST- ZIP	
TITLE		29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		29 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY- ST- ZIP		29 CITY- ST- ZIP	
TITLE		30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		30 NAME	
STREET ADDRESS		30 STREET ADDRESS	
CITY- ST- ZIP		30 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registrar or trustee empowered to execute the 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: *Arielle Wachholder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-96
DATE

CR2E034 (12/95)