

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039180 (1)

1. Corporation Name
ARNET PEREYRA, INC.



Principal Place of Business: **1808 N. INDIAN RIVER ROAD, NEW SMYRNA BEACH FL 32169**
Mailing Address: **1808 N. INDIAN RIVER ROAD, NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified: **05/17/1995**
3a. Date of Last Report
4. FEI Number: **593295403**
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 **490-1 Barnes Blvd.**
Suite, Apt. # etc
22
City & State
23 **Rockledge FL.**
Zip Country
24 **32955** 25
2a. Mailing Address
26 **490-1 Barnes Blvd**
Suite, Apt. # etc
27
City & State
28 **Rockledge FL.**
Zip Country
29 **32955** 30

9. Name and Address of Current Registered Agent
**LARK, CRAIG
1808 N. INDIAN RIVER ROAD
NEW SMYRNA BEACH FL 32169**

10. Name and Address of New Registered Agent
81 Name: **Carlos Pereyra**
82 Street Address (P.O. Box Number is Not Acceptable): **2091 Syke Creek Dr.**
83 City: **Merritt Island FL.**
84 City: **FL** 85 Zip Code: **32952**

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]* DATE: **6/24/96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President Carlos Pereyra
1.3 STREET ADDRESS	2091 Sykes Creek Dr.
1.4 CITY - ST - ZIP	Merritt Island FL. 32952
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VICE President Greg Arnette
2.3 STREET ADDRESS	1808 N. Indian River Rd.
2.4 CITY - ST - ZIP	NEW SMYRNA BEACH FL. 32169
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Secretary/Treasure Craig Lark
3.3 STREET ADDRESS	1808 N. Indian River Rd
3.4 CITY - ST - ZIP	NEW SMYRNA BEACH FL. 32169
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 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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Carlos Pereyra** DATE: **6/24/96** (407) 635-8065

CR2E034 (3/96)