PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000012666

LECONO LA CONTRA

## FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90055 036 \*\*\*150.00

ARCON A	A.C., INC.						
Principal Place	e of Business	Mailing Address				if 41010 11010 011#8	411 in 4111 1991
3085 NW 4TH TERR		3085 NW 4TH TERR					
MIAMI FL 33125		MIAMI FL 33125			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	3 SPACE	
į					02/09/1998		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		plied.Eor
21 26		26	26		05-0813205	No.	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8:75	
22		27	27		5. Certificate of Canada Desired		quired —
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added t	o rees
Zip	Country	Zip	Country 30		This corporation owes the current year leading to the current year leading to the current year leading to the current year.	ntangible ☐ Yes	□No
24	9. Name and Address of Cur		30)		10. Name and Address of New Registere		
	9. Name and Address of Cur	Hellr Hegistered Agenic	81	Name		<u> </u>	
CRE	SPO, JORGE L		-	01 1411	dress (P.O. Box Number is Not Acceptable)		
3085 NW 4TH TERR			82	Street Add	Iress (P.O. Box Number is Not Acceptable)		+
MIAN	VII FL 33125		83				
			84	City	<u></u>	. 85 Zip (	Code
				City	F	┗╎╎	1
							registered
11. Pursuant	to the provisions of Sections 607.	0502 and 607.1508, Florida Statute:	s, the above	e-named corp	poration submits this statement for the purpose	of changing its	nistered
office or r	registered agent, or both, in the St.	ate of Florida, Such change was all	thorized DV	tne corporati	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its ointment as re	gistered
office or n agent. I a	registered agent, or both, in the St.	0502 and 607.1508, Florida Statute: ate of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized DV	tne corporati	ion's board of directors. Thereby accept the app	of changing its ointment as re	gistered
office or r	registered agent, or both, in the Stam familiar with, and accept the ob	ate of Florida. Such change was au iligations of, Section 607.0505, Floridagent and title if applicable. (NOTE: I	thorized by da Statutes Registered Ager	tne corporati	red when reinstating)  DATE		giatered
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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 of this tee 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, with all other like empowered.

**SIGNATURE:** 

REQUIRE RATURE AND TYPEY OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305)642-16A

CR2E034 (11/9)