

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90473 012 ***150.00

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DOCUMENT # V37644

1. Entity Name
A.R.A. AMERICAN INC.

Principal Place of Business Mailing Address
7300 SW 113 CIRCLE PL **7300 SW 113 CIRCLE PL**
MIAMI FL 33173 **MIAMI FL 33173**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0333601 Not Applicable

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

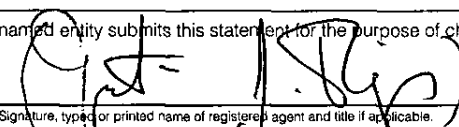
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVAREZ, ANTONIA
7300 SW 113 CIR PL
MIAMI FL 33173

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **ANTONIA ALVAREZ** **03/03/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its tangible Tax filing requirement and elects to do so **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	PST			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	ALVAREZ, ANTONIA	7300 SW 113TH CIR PL	MIAMI FL	<input type="checkbox"/>	<input type="checkbox"/>
	AGUSTIN PST			<input type="checkbox"/>	<input type="checkbox"/>
	AGUSTIN J. ROJAS	URB. EL DORADO CALLE A CB-2	RIOPIEDRAS P. RICO-00920	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **AGUSTIN J. ROJAS** **03/03/01** **787-843-6930**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)