

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/1/96: \$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 # L 16854  
 1. Corporation Name  
 A ARABALO Enterprises Inc.

*Amended Report*

**FILED**  
 96  
 Amended Report  
 OCT 21 PM 2:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 Return

Principal Place of Business  
 5030 Champion Blvd #6173  
 Boca Raton FL. 33496

Mailing Address

3. Date Incorporated or Qualified  
 9/15/89  
 3a. Date of Last Report  
 2/96  
 4. FEI Number  
 65-0146087  
 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

*MWB*  
 10/23/96

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

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

DAVID Merlatz  
 5030 champion Blvd #6173  
 Boca Raton FL 33496

Michael RASKIN  
 5030 Champion Blvd #6173  
 Boca Raton FL 33496

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 *Michael Raskin* DATE 10/15/96  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
 TITLE C  DELETE  
 NAME DAVID Merlatz  
 STREET ADDRESS 5030 champion Blvd #6173  
 CITY-ST-ZIP Boca Raton FL. 33496  
 TITLE P  DELETE  
 NAME Michael RASKIN  
 STREET ADDRESS 5030 champion Blvd #6173  
 CITY-ST-ZIP Boca Raton FL. 33496  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
 1.1 TITLE T  Change  Addition  
 1.2 NAME DAVID Merlatz  
 1.3 STREET ADDRESS 5030 champion Blvd #6173  
 1.4 CITY-ST-ZIP Boca Raton FL. 33496  
 2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP 200001987452--6  
 -10/28/96-01063-001  
 \*\*\*\*\*61.25 \*\*\*\*\*81.25  
 3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP  
 4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP  
 5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP  
 6.1 TITLE  Change  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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Raskin* DATE 10/15/96 (954) 978-9119  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (3/96)