2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 394951 1. Entity Name ARIMAQ INTERNATIONAL CORPORATION



FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90027 036 ***150.00

		MION								
Principal Place of Business 6043 NW 167 STREET SUITE A-19 MIAMI LAKES FL 33015 US 2. Principal Place of Business Suite, Apt. #, etc. City & State		Mailing Address 6043 NW 167 STREET SUITE A-19 MIAMI LAKES FL 33015 US 3. Mailing Address Suite, Apt. #, etc.				- 1) (1) (1) (1) (1) (1)	 #1811 18111 1812	- 		
					CHECK HERE IF MAKING CHANGES					
									Cit	City & State
		Zip	Country	Zip)	Count	try	5. Certificate of Status Desire		\$8.75
	6. Name and Address of Curren	t Register	red Agent			<u></u>	_	Fee Requi	ired	╛
DEVEO E		_			Name	7. Name and Address of New	w Registered	Agent		\dashv
REYES, F 16730 NV			Street Address			(P.O. Box Number is Not Acceptable)				4
MIAMI FL				}			——————————————————————————————————————			
				ŀ	City		FL	Zip Co	ide	\downarrow
8. The above	e named entity submits this statement fi tions of registered agent.	or the purp	pose of changing its	registered	d office or registere	ed agent, or both, in the State of	Florida Lam	formiliar with		4
a coniga	mons of registered agent.				_		rionaa. ram	iaiiiiai wili	, апо ассері	
SIGNATURE	Signature, typed or printed name of registered agent	and title if any	oficable (AVOTE							
	FILE NOW!!! FEE IS \$150.00	and the II ap	INOTE	:: Hegistered /	Agent signature required v	when reinstating)	DATE			
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
TITLE	OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO O	FFICERS AND	DIRECTOR	RS IN 11	-
NAME STREET ADDRESS CITY-ST-ZIP	REYES, RAUL G 16730 N.W. 84TH CT. MIAMI FL		☐ Delete	TITLE NAME STREET CITY-SI	ADDRESS T-ZIP			☐ Change	☐ Addition	CR2F034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET, CITY-ST	ADDRESS 1-ZIP			☐ Change	Addition	CROF
TITLE NAME STREET ADDRESS CITY-ST-ZIP	****	-	☐ Delete	TITLE NAME STREET A CITY-ST	ADDRESS - ZIP	manage , man		☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-	ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET AG	DDRESS			☐ Change	☐ Addition	

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/03 305-823-6788