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PROFIT CORPORATION ANNUAL REPORT

1999

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169372

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90039 039 ***150.00

ARROW	INVESTMENT CO INC									
Principal Plac	e of Business	M	ailing Address				- I IMBIRI IIDID OILID IRIKKUIIII KODID IID	I WEWLY WINST	ninn alan I	iliki asatı iadı
1111 LINCOLN RD 1111 LINCLN RD. STE. 325 STE. 325 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139						,	DO NOT WRITE IN	I THIS SI	PACE	
US US							3. Date Incorporated or Qualifed			
	•						06/13/1952			
2. Principal P	Place of Business	2a.	Mailing Address				4. FEI Number		Ap	plied For
21	The second of the second of the	- 26	<u>يب د د ب</u>			ومعرب سا	<u>-59-6057956</u>			t Applicable.
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & Star	te		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28					Trust Fund Contribution		Added t	o Fees
Ζiρ	Country		Zip	Cou	intry		8. This corporation owes the current year.	_	_	
24	25	29		30			Personal Property Tax.	_	Yes	□No
	9. Name and Address of Curren	nt Regis	stered Agent				10. Name and Address of New Regis	tered Ag	ent	
					81	Name				
	UDISS,MORTON R				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		_	
1111 LINCOLN ROAD SUITE 325					83					
🐛 MIA	MI BEACH FL 33139								95 7in (Sada
~ Q					84	City		FL	85 Zip (_ode
office or agent. I a SIGNATURE	Signature, typed or printed name of registered agei					signature required	ration submits this statement for the purp n's board of directors. I hereby accept the	ATE		
14.	OCCICEDS AN	AD DIDE							DIRECTO	RS IN 12
TITI C	OFFICERS AN	VD DIRE	ECTORS	13.			ADDITIONS/CHANGES TO OFFICE	RS AND	DIRECTO	RS IN 12
TITLE	PD	ND DIRE		13. 1.1 TIT	TLE			RS AND		
NAME	PD GOUDISS, MORTON R		ECTORS	13. 1.1 TII 1.2 NA	TLE AME	ADDRESS		RS AND		
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CITY-ST-ZIP 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 or trustee 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.

6.4 CITY-ST-ZiP

SIGNATURE:

3/26/99

305-531-9200