

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **243082** (5)

1. Corporation Name
ARCADIA HOUSE INC



Principal Place of Business: **650 PENNA AVE MIAMI BEACH FL 33139**
Mailing Address: **650 PENNA AVE MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **12/22/1960**
3a. Date of Last Report: **01/26/1995**
4. FEI Number: **59-1163094**
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

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

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

9. Name and Address of Current Registered Agent

**MARTELL, JULIO
650 PENN AVE #3
MIAMI BCH FL 33139**

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 **FL**

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARTELL, JULIO	
STREET ADDRESS	650 PENN AVENUE #3	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ARENCEBIA, JUAN	
STREET ADDRESS	650 PENN AVE., #22	
CITY-ST-ZIP	MIAMI BEACH, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOPEZ, JULIO	
STREET ADDRESS	650 PENN AVENUE #20	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KESSLER, GERRY G.	
STREET ADDRESS	650 PENN AVENUE #25	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	COBD	<input type="checkbox"/> DELETE
NAME	GIANNONE, LOUIS	
STREET ADDRESS	640 PENN AVE APT #35	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-16-1996

Date: Daytime Phone #

CR2E034 (12/95)