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Feb 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 243082 (5)

1. Corporation Name  
ARCADIA HOUSE INC



Principal Place of Business Mailing Address  
650 PENNA AVE 650 PENNA AVE  
MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-6663

3. Date Incorporated or Qualified 12/22/1960  
3a. Date of Last Report 01/23/1996

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt #, etc. Suite, Apt #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

4. FEI Number 59-1163094 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

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 FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MARTELL, JULIO 650 PENN AVENUE #3 MIAMI BEACH, FL 00000	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	T ARENCIBIA, JUAN 650 PENN AVE., #22 MIAMI BEACH, FL 00000	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	V LOPEZ, JULIO 650 PENN AVENUE #20 MIAMI BEACH FL	3.1 TITLE	
NAME		3.2 NAME	W Castro, Frank
STREET ADDRESS		3.3 STREET ADDRESS	640 Penn Ave. #16
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Miami Beach, FL
TITLE	S KESSLER, GERRY G. 650 PENN AVENUE #25 MIAMI BEACH FL	4.1 TITLE	
NAME		4.2 NAME	S White, Dorothy
STREET ADDRESS		4.3 STREET ADDRESS	640 Penn. Ave. #12-A
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Miami Beach, FL.
TITLE	COBD GIANNONE, LOUIS 640 PENN AVE APT #35 MIAMI BEACH FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: X [Signature] + 02-16-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)