

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Served By: Marjorie  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **469076** (4)

1. Corporation Name  
**ARROYO INVESTMENTS, INC.**



Principal Place of Business

1121 CRANDON BLVD.  
STE. E-402  
KEY BISCAIYNE FL 33149

Mail Address

1121 CRANDON BLVD.  
STE. E-402  
KEY BISCAIYNE FL 33149

2. Principal Place of Business

2a. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

County

Zip

County

g. Name and Address of Current Registered Agent

**ROHAN, LAURENCE J.  
6101 S.W. 76TH STREET  
S. MIAMI FL 33143**

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 190.002 and 190.1504, 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 will be effective if the corporation's board of directors, thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Sections 190.002 and 190.1504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOUSHEHRI, MEHDI	
STREET ADDRESS	1121 CRANDON BLVD.E-402	
CITY, STATE, ZIP	KEY BISCAIYNE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PORCHER, JACQUELINE	
STREET ADDRESS	1121 CRANDON BLVD.E-402	
CITY, STATE, ZIP	KEY BISCAIYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIDHOFF, FRANCOISE	
STREET ADDRESS	1121 CRANDON BLVD.E-402	
CITY, STATE, ZIP	KEY BISCAIYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, STATE, ZIP		

13.

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	
1.3 STREET ADDRESS	
1.1 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	
2. NAME	
2.1 STREET ADDRESS	
2.1 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	
3. NAME	
3.1 STREET ADDRESS	
3.1 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME	
4.1 STREET ADDRESS	
4.1 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME	
5.1 STREET ADDRESS	
5.1 CITY, STATE, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
6.1 STREET ADDRESS	
6.1 CITY, STATE, 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)(b), Florida Statutes. I further certify that the information is true and correct as reported. I understand and agree 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 partnership, or partnership, authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 in change or on an alternate set of articles.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. Porcher*

4/13/96

CR2E034 (12/95)