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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 526856

(0)

1. Corporation Name
A.R.E.E.A., INC.

Principal Place of Business

9400 SOUTH DADELAND BOULEVARD, PH 1
MIAMI FL 33156

Mailing Address

9400 SOUTH DADELAND BOULEVARD, PH 1
MIAMI FL 33156-2859



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1977		3a. Date of Last Report 04/24/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1730067		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			

9. Name and Address of Current Registered Agent

CANNON, MICHAEL Y
9400 SOUTH DADELAND BLVD., PH-1
MIAMI FL

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

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

OFFICERS AND DIRECTORS

12.	TITLE	PTD	☐ DELETE
	NAME	CANNON, MICHAEL Y.	
	STREET ADDRESS	3251 COACOOCHIE ST.	
	CITY - ST - ZIP	COCONUT GROVE FL	
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		
	TITLE		☐ DELETE
	NAME		
	STREET ADDRESS		
	CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.	1.1 TITLE	☐ Change ☐ Addition
	1.2 NAME	
	1.3 STREET ADDRESS	
	1.4 CITY - ST - ZIP	
	2.1 TITLE	☐ Change ☐ Addition
	2.2 NAME	
	2.3 STREET ADDRESS	
	2.4 CITY - ST - ZIP	
	3.1 TITLE	☐ Change ☐ Addition
	3.2 NAME	
	3.3 STREET ADDRESS	
	3.4 CITY - ST - ZIP	
	4.1 TITLE	☐ Change ☐ Addition
	4.2 NAME	
	4.3 STREET ADDRESS	
	4.4 CITY - ST - ZIP	
	5.1 TITLE	☐ Change ☐ Addition
	5.2 NAME	
	5.3 STREET ADDRESS	
	5.4 CITY - ST - ZIP	
	6.1 TITLE	☐ Change ☐ 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 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

7/3/97 (305) 1-7777

CR2E034 (9/96)