## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 541471**

ARIGUANABO FINA, INC.

Principal Place of Business	Mailing Address
385 EAST HIALEAH DRIVE HIALEAH FL 33010	385 EAST HIALEAH DRIVE HIALEAH FL 33010

## FILED Jan 20, 1999 8:00am **Secretary of State**

01-20-1999 90026 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/25/1977 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-1756768 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes the current year Intangible 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent FIALLO, JOSE Street Address (P.O. Box Number is Not Acceptable) 82 385 E. HIALEAH DRIVE HIALEAH FL 33010 83 85 Zip Code 84 City 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE FIALLO, JOSE 1.2 NAME NAME 385 E. HIALEAH DR 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition Change VTD DELETE 2.1 TITLE TITLE FIALLO, ZACARIA S. 2.2 NAME NAME 385 E. HIALEAH DR 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition TO DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4,1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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.

SIGNATURE:

RESTOSE FIALL
SNING OFFICER OR DIRECTOR

CR2E034 (11/98)