

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 576219 (0)

1. Corporation Name

ARUT, INC.

Principal Place of Business

Mailing Address

117 NE 1ST AVE
SUITE 917
MIAMI FL 33132

117 NE 1ST AVE
SUITE 917
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/23/1978** 3a. Date of Last Report **03/29/1994**

4. FEI Number **26-5783984** 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

2. Principal Place of Business

2a. Mailing Address

21 **14 NE 1 Ave.**

26 **14 NE 1 Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 609**

27 **Suite 609**

City & State

City & State

23 **Miami, FL**

28 **Miami FL**

Zip

25 **U.S.A**

29 **33132**

30 **U.S.A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENWALD, MONIQUE
147 NE 1ST AVE
SUITE 917 609
MIAMI FL 33132

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 in capital letters of registered agent and the 7 applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GREENWALD, MONIQUE
STREET ADDRESS	20185 E COUNTRY CLUB DR
CITY - ST - ZIP	N MIAMI BEACH FL 33180
TITLE	VPD
NAME	HALBERSTEIN, ALEX
STREET ADDRESS	20185 E COUNTRY CLUB
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33180
TITLE	S
NAME	MENENDEZ, ANA PATRICIA
STREET ADDRESS	4455 SW 10TH ST 4455, S.W 10th
CITY - ST - ZIP	MIAMI FL 33134 MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 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 110.07(3)(b), 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:

Monique Greenwald
SIGNATURE AND TYPED OUT PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

2/21/95 (305) 374-5632
DATE