FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # 587894 Corporation Name ARUBA LTD., INC. Principal Place of Business Mailing Address 28 CORDOVA STREET 28 CORDOVA STREET ST. AUGUSTINE FL 32084-3627 ST. AUGUSTINE FL 32084-3627 3. Date Incorporated or Qualified 3a. Date of Last Report 09/28/1978 04/27/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1800850 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes You 10. Name and Address of New Registered Agent Zιp Country 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name PELLICER, CHARLES E. Street Address (P.O. Box Number is Not Acceptable) 28 CORDOVA STREET 83 ST. AUGUSTINE FL 32084 City Zip Code 11. Persuant 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typind or printed rice is of registered agent and total rapplicable. (NOTE: Rugistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. BL.F DELETE 1 1 TITLE Change ☐ Addition CHAMPION, GEORGE JR. 1.2 NAME STREET ADDRESS 28 CORDOVA ST. 1.3 STREET ADDRESS CHY-S1-ZIP ST. AUGUSTINE FL 1.4 CITY - ST-ZIP THEF DELETE 2 1 TITLE Change Addition NAMI 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CHY S1-ZIP 2 4 CITY - \$1 - ZIP 70115 DELETE 3.17(1) £ Change Addition NAME 3.2 NAME SI REEL ADDRESS 33 STREET ADDRESS City-St Zip 3.4 CHY-ST-ZIP 7 116 DELETE 4 1 TIFLE ☐ Change Addition NAM: **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS OID SEZIO 4.4 CITY - ST - ZIP THEF ☐ DELFTE 5 1 TITLE Addition Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS Dilly - \$1 - ZiP 5 4 CITY - ST - ZIP THE DELETE 6 1 TITLE Change ☐ Addition NAMI 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY IST ZIP 64 CITY-ST-ZIP 14. To 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)(k). 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 cath, 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 12 or on an attachment with an address.

SIGNATURE